

Thursday, December 13, 2018

HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
CONFIDENTIALITY REVIEW

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9	ALSO PRESENT:	
10	Paul D. Morris	
11	Senior Associate Counsel	
12	Commercial & Class Action	
13		
14	THE VIDEOGRAPHER:	
15	James Arndt	
16	GOLKOW LITIGATION SERVICES	
17	— — —	

		Page 6		Page 8
1	Walmart Removing Costs from the Coleman Health Care Supply Chain:	296	1	witness. Also with me are
2	Exhibit 17 Lessons from Mass Retail.		2	Christine Prorok from Jones Day, and
3			3	Paul Morris from Walmart.
4			4	MR. FAIRLEY: Carter Fairley
5			5	for Cardinal Health.
6	REPORTER'S CERTIFICATE	376	6	MR. VO: Caley Vo on behalf of
	ERRATA	378	7	McKesson.
7	WITNESS SIGNATURE PAGE	379	8	THE VIDEOGRAPHER: Will counsel
	ATTORNEY NOTES	380	9	on the phone please identify
8			10	themselves?
9			11	MS. NOWAK: Darlene Nowak from
10			12	Marcus & Shapira for HBC Services.
11			13	MR. LADD: Matthew Ladd of
12			14	Morgan Lewis & Bockius on behalf of
13			15	defendant Rite Aid.
14			16	MR. WATTS: Ryan Watts from
15			17	Arnold & Porter Kaye Scholer, LLP on
16			18	behalf of Endo Health Solutions Inc.,
17			19	Endo Pharmaceuticals Inc., Par
18			20	Pharmaceutical, Inc., and Par
19			21	Pharmaceutical Companies, Inc.
20			22	VIDEOGRAPHER: The court
21			23	reporter is Debbie Dibble. She will
22			24	now swear in the witness.
23			25	JOLYNN COLEMAN,
		Page 7		Page 9
1	PROCEEDINGS		1	having first been duly sworn, was examined
2	(December 13, 2018 at 8:17 a.m.)		2	and testified as follows:
3	THE VIDEOGRAPHER: We are now		3	
4	on the record. My name is		4	DIRECT EXAMINATION
5	James Arndt. I'm the videographer		5	BY MR. ECKLUND:
6	from Golkow Litigation Services.		6	Q. Good morning, Ms. Coleman. As
7	Today's date is December 13, 2018, and		7	I introduced myself this morning, my name is
8	the time is 8:18 a.m. This video		8	Don Ecklund, and I represent the plaintiffs
9	deposition is being held in Rodgers,		9	in this multidistrict litigation which is
10	Arkansas in the matter of the National		10	currently pending in the Northern District of
11	Prescription Opiate Litigation for the		11	Ohio. Moments ago you took an oath. It is
12	United States District Court for the		12	the same oath you would take in court.
13	Northern District of Ohio, Eastern		13	Do you understand that
14	Division. The deponent is		14	everything you say here today needs to be the
15	JoLynn Coleman. Will counsel please		15	truth and you need to testify as completely
16	identify themselves.		16	and fully as you can?
17	MR. ECKLUND: Good morning.		17	Do you understand that?
18	Don Ecklund from the law firm Carella		18	A. Yes.
19	Byrne on behalf of plaintiffs in the		19	Q. Have you ever been deposed
20	MDL.		20	before?
21	MR. INNES: Good morning.		21	A. Yes.
22	Michael Innes on behalf of plaintiffs		22	Q. How many times?
23	in the MDL.		23	A. Twice.
24	MR. CARTER: Edward Carter,		24	Q. Were those in your professional
25	Jones Day on behalf of Walmart and the		25	capacity or were those personal matters?

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<p>1        A. Professional.</p> <p>2        Q. Can you describe those two</p> <p>3        matters?</p> <p>4        A. One was a litigation around a</p> <p>5        hire, practice of hiring an associate, and</p> <p>6        others was specific to an immunization</p> <p>7        program that I oversee, support.</p> <p>8        Q. Did you testify at trial for</p> <p>9        the HR matter?</p> <p>10      A. No.</p> <p>11      Q. Did you testify at trial for</p> <p>12      the immunization matter?</p> <p>13      A. No.</p> <p>14      Q. Is the immunization matter</p> <p>15      still pending?</p> <p>16      A. Yes.</p> <p>17      Q. Federal court or state court?</p> <p>18      A. I'm uncertain.</p> <p>19      Q. So you've generally been</p> <p>20      deposed twice and you've gotten some sense of</p> <p>21      how the process works. Today I'll be asking</p> <p>22      you a series of questions. You'll be</p> <p>23      answering those questions. And we'll try to</p> <p>24      keep it a fairly swift conversation.</p> <p>25      Everyone is trying to catch flights today.</p>	<p>1        objection unless you don't understand my</p> <p>2        question.</p> <p>3           Do you understand that?</p> <p>4        A. Yes.</p> <p>5        Q. Okay. If you don't hear me,</p> <p>6        let me know. If you don't understand a</p> <p>7        question, let me know that. I'll try to</p> <p>8        change the question; maybe I'll try to</p> <p>9        explain myself. Okay?</p> <p>10      A. Okay.</p> <p>11      Q. If you answer, I'm going to</p> <p>12      assume you understood the question. Is that</p> <p>13      fair?</p> <p>14      A. Yes.</p> <p>15      Q. If at any time you need to take</p> <p>16      a break during the deposition, please let me</p> <p>17      know. Now, we may finish the line of</p> <p>18      questioning, but I'll try to accommodate you</p> <p>19      as best as I can.</p> <p>20      If you need to stretch your</p> <p>21      legs, you need to stand up, feel free. We</p> <p>22      don't need to take a break for that. Okay?</p> <p>23      If you need a glass of water, please ask</p> <p>24      someone. There are several people in the</p> <p>25      room who would be happy to get you one.</p>
<p>1        If we can try to maintain some breaks between</p> <p>2        my questions and your answers, that will help</p> <p>3        the court reporter who is trying to keep up</p> <p>4        with us and get a complete and clean</p> <p>5        transcript.</p> <p>6        Do you understand she's typing</p> <p>7        everything you say?</p> <p>8        A. Yes, sir.</p> <p>9        Q. Okay. Great.</p> <p>10      Importantly, she can't take</p> <p>11      down shrugs of the shoulders, utterances,</p> <p>12      "uh-huh," and "huh-uhs," headshakes. So</p> <p>13      please answer verbally. Even though we do</p> <p>14      have a video, everyone is going to be relying</p> <p>15      on the transcript that she's taking today.</p> <p>16      Do you understand that?</p> <p>17      A. Yes.</p> <p>18      Q. Your counsel has probably also</p> <p>19      gone over this as well, but if you can pause</p> <p>20      between the questions to allow him an</p> <p>21      opportunity to interpose any objections he</p> <p>22      may have, that would be, I'm sure,</p> <p>23      appreciated by him. And unless he instructs</p> <p>24      you not to answer a question, you should</p> <p>25      answer the question after he's interposed the</p>	<p>1        Okay?</p> <p>2        A. Okay.</p> <p>3        Q. If at any point in the</p> <p>4        deposition you need a document in order to</p> <p>5        answer a question because you can't recall</p> <p>6        it, I'd like you to try and tell me about the</p> <p>7        document, describe the document. There is a</p> <p>8        chance we might have it in this box. There's</p> <p>9        a chance that someone else might be able to</p> <p>10      arrange for it to be provided to you during a</p> <p>11      break. Okay?</p> <p>12      A. Okay.</p> <p>13      Q. And as you see, I have a</p> <p>14      computer in front of me, so if there's an</p> <p>15      electronic file that you think you may need,</p> <p>16      chances are I can probably accommodate you on</p> <p>17      that as well. We can put it up on the ELMO.</p> <p>18      We can put it up on the screen. So if</p> <p>19      there's an Excel, an Access database or</p> <p>20      anything else you think you may need, you let</p> <p>21      us know and we'll try to get it for you.</p> <p>22      Okay?</p> <p>23      A. Okay.</p> <p>24      Q. If you don't recall the answer</p> <p>25      to a question or can't remember the answer,</p>

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<p>1 just say so. It's important, though, that      2 you remember, you need to try and testify as      3 completely and fully as you can. Okay?      4 Will you agree to that?      5 A. Yes.      6 Q. Is there anything that would      7 prevent you from thinking clearly today?      8 A. No.      9 Q. No medical conditions.      10 Anything that would prevent you from      11 testifying truthfully today?      12 A. No.      13 Q. And there's nothing that would      14 prevent you from talking and testifying      15 completely today?      16 A. No.      17 Q. What did you do generally to      18 prepare for your deposition today?      19 A. Met with Walmart legal      20 representatives for roughly about two days.      21 Q. And when you say "two days," do      22 you mean you met on two separate days for a      23 few hours each day, or do you mean --      24 A. Yes.      25 Q. -- you met for two solid days?</p>	<p>1 school?      2 A. Went to college.      3 Q. Where did you go?      4 A. First I went to Summit Junior      5 College and played basketball for a year, and      6 then went to the University of Louisiana at      7 Monroe after that first year and started --      8 decided I wanted to go to pharmacy school.      9 So I completed the BS at pharmacy school at      10 Northeast and graduated in '86.      11 Q. Okay. So you initially went to      12 Summit Junior College, played basketball for      13 one year. You then transferred to Louisiana      14 Monroe, and you were there for one year?      15 A. I was there for the remainder,      16 until I graduated as a pharmacist.      17 Q. Okay. So you completed your      18 degree in pharmacy at Louisiana at Monroe?      19 A. Yes.      20 Q. And you're a -- what type of      21 pharmaceutical degree do you have?      22 A. I have a BS.      23 Q. BS. Do you have any      24 licensures?      25 A. I have a licensure in Louisiana</p>
<p>1 A. Two days, about six to eight      2 hours.      3 Q. Six to eight hours each day?      4 A. Six to eight, yes.      5 Q. Okay. Where did those meetings      6 take place?      7 A. At Walmart.      8 Q. Did you have any telephonic      9 meetings with Walmart's counsel --      10 A. No.      11 Q. -- prior to those meetings?      12 Did you receive any video      13 training materials or anything else you      14 needed to review, gave you some ground rules      15 on depositions?      16 A. No.      17 Q. Okay. Aside from materials      18 that your counsel may have provided you, did      19 you review any materials in your files to      20 prepare for your deposition here today?      21 A. No.      22 Q. When did you graduate high      23 school?      24 A. '81.      25 Q. What did you do after high</p>	<p>1 and Missouri, and in Texas.      2 Q. Okay. You graduated in 1986.      3 Have you gone back to graduate school?      4 A. I have not.      5 Q. Any certifications?      6 A. No.      7 Q. Additional training?      8 A. No.      9 Q. What did you do between 1986      10 and 1987?      11 A. I worked for K&amp;B, which was a      12 regional chain in New Orleans, Louisiana, for      13 a year as a pharmacist.      14 Q. And how long did you stay at      15 K&amp;B?      16 A. Right about a year.      17 Q. And what did you do then?      18 A. Moved -- transferred, and an      19 opportunity came up for a Walmart in my      20 hometown where I grew up, and I opened up a      21 pharmacy there for Walmart.      22 Q. So you joined Walmart in 1987?      23 A. Yes.      24 Q. And have you continued to work      25 for Walmart since 1987?</p>

	Page 18		Page 20
1	A. Yes, I have.		
2	Q. You said you opened up a		
3	pharmacy for Walmart.		
4	Were you a dispensing		
5	pharmacist?		
6	A. Yes, I was.		
7	Q. And how long were you a		
8	dispensing pharmacist for Walmart?		
9	A. Right about ten years.		
10	Q. So approximately 1987 to 1997?		
11	A. Approximately.		
12	Q. What did you do after 1997?		
13	A. Went into a market director		
14	role, which was more of an oversight of		
15	pharmacies across stores within a market. It		
16	was about 12 to 15 stores in the central		
17	Louisiana area.		
18	Q. And how long were you in that		
19	market director role?		
20	A. About two years.		
21	Q. Until 1999?		
22	A. Yes.		
23	Q. What position did you take in		
24	1999?		
25	A. I went to a general manager		
	Page 19		Page 21
1	position for our mail order pharmacy in		
2	Carrollton, Texas. And I was there for		
3	roughly six to seven years.		
4	Q. Okay. So approximately		
5	2005ish, 2006ish?		
6	A. Yes.		
7	Q. That's -- okay.		
8	And when you left the position		
9	as a general manager for the mail order		
10	pharmacy group in Carrollton, Texas, what did		
11	you do?		
12	A. I went to the -- took an		
13	opportunity to be a buyer for Walmart for Rx.		
14	And stayed in that role for about six years.		
15	Q. When you say you were "a buyer		
16	for Walmart for Rx," do you mean you were a		
17	buyer for the prescription buying group?		
18	A. Yes.		



Page 26	Page 28
[REDACTED]	[REDACTED]

Page 30

[REDACTED]

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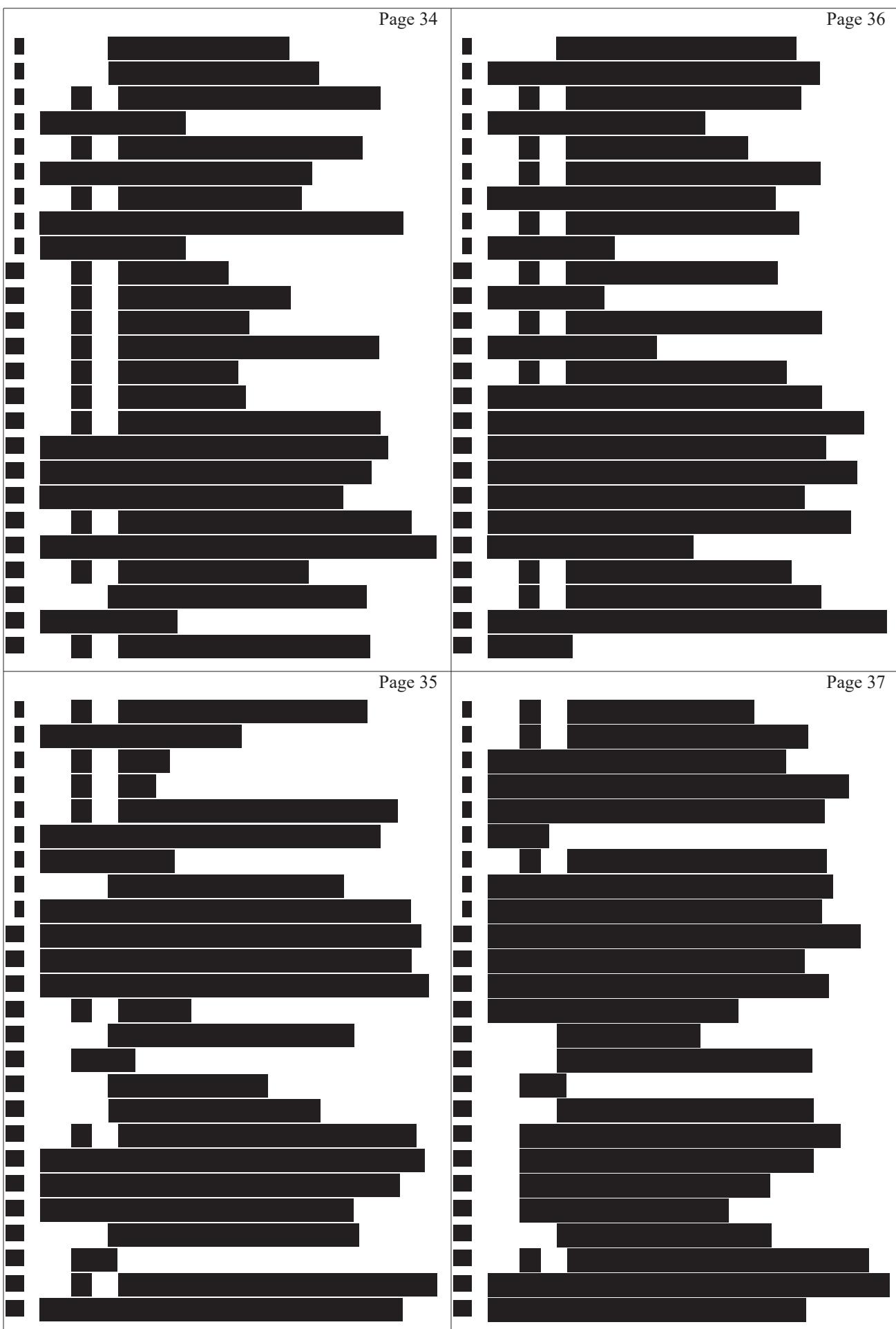
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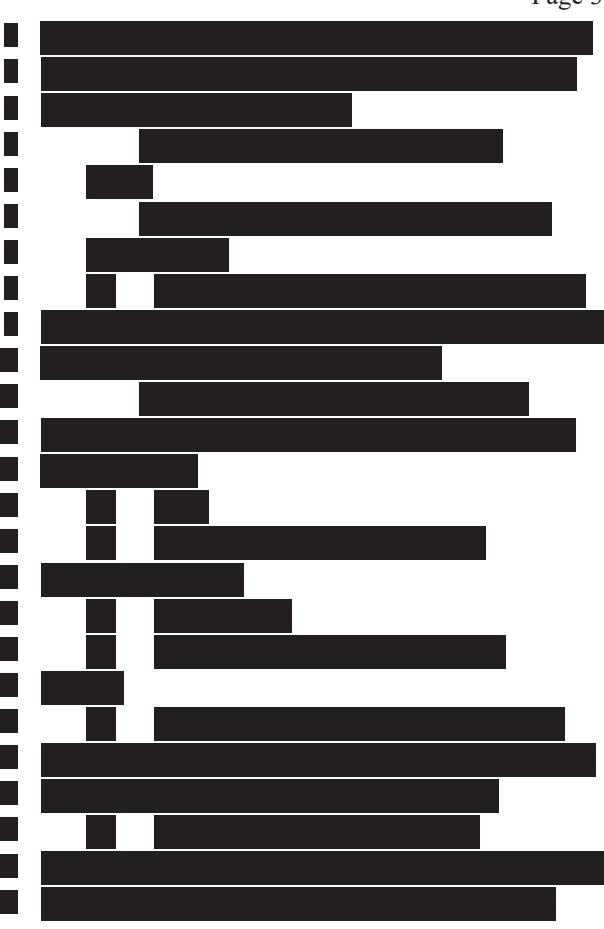
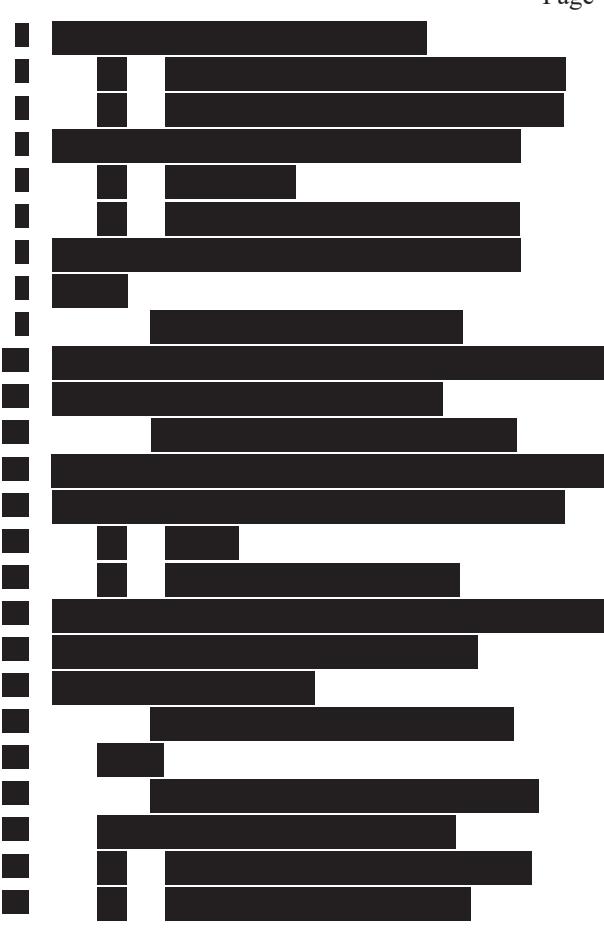
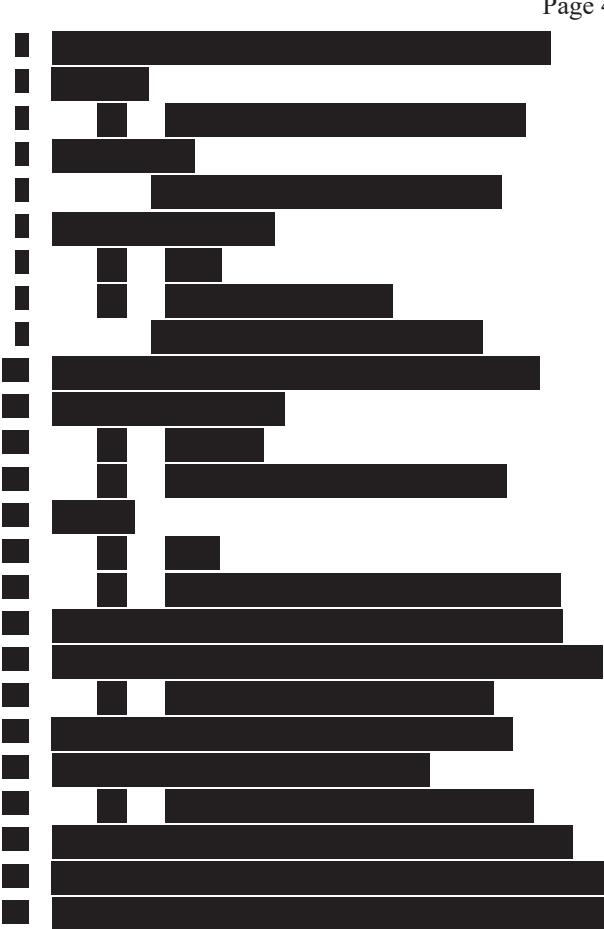
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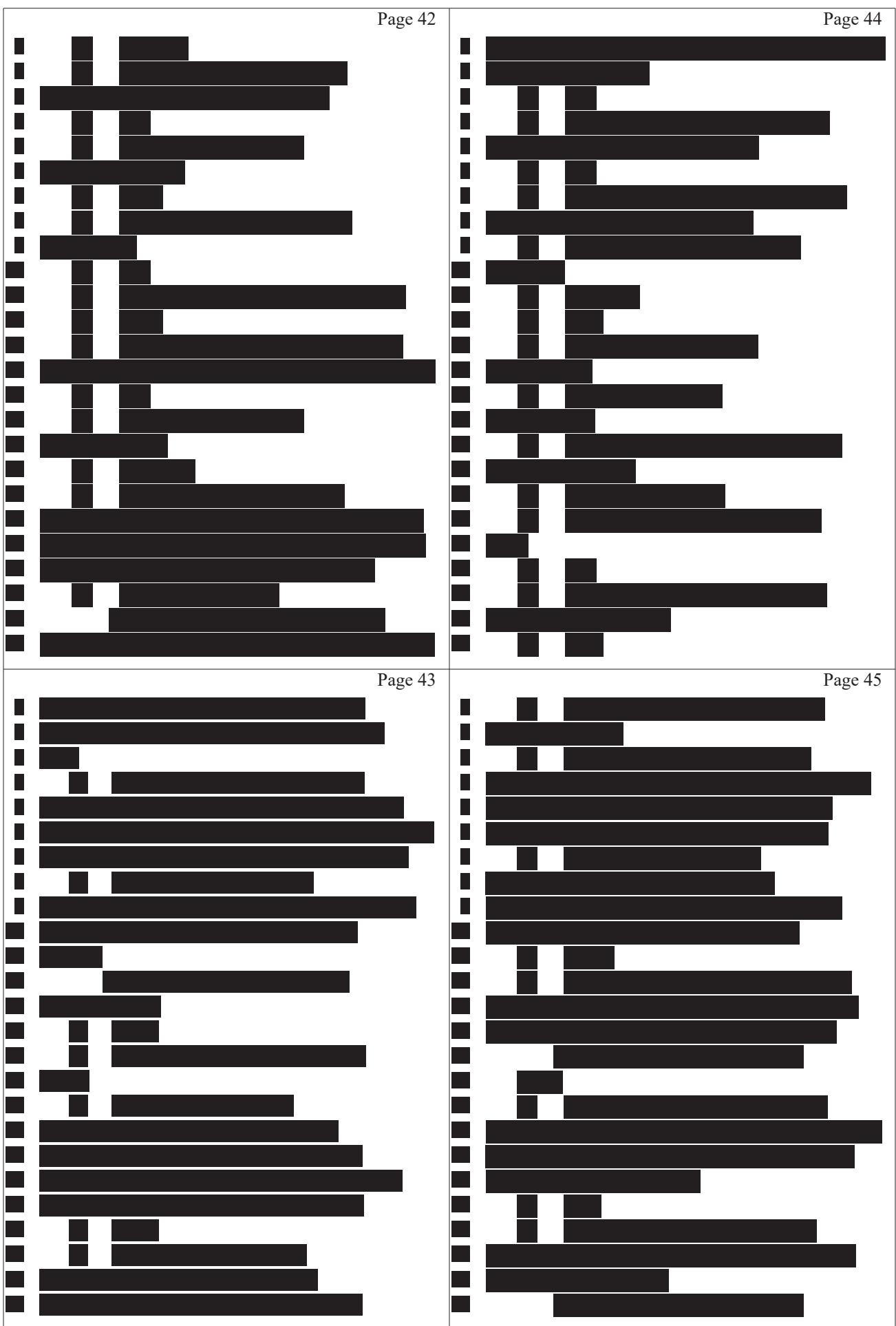
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Page 33

[REDACTED]



<p>Page 38</p> 	<p>Page 40</p> 
	<p>Page 41</p> 



Page 46

[REDACTED]

Page 48

5 Q. Ms. Coleman, do you have  
6 children?

7 A. Yes.

8 Q. Okay. How old?

9 A. Soon to be 28 and 23.

10 Q. Did they enjoy Halloween when  
11 they were children?

12 A. Yes.

13 Q. Do you also enjoy Halloween?

14 A. I do. With my grandkids.

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[REDACTED]

Page 49

[REDACTED]

Page 50	Page 52
[REDACTED]	[REDACTED]

10 Q. Do you know whether the \$4  
11 generic program included controlled  
12 substances?

13 A. It did not.

14 Q. Do you know whether the \$9  
15 program included?

16 A. To my knowledge, it did not.

17 Q. Okay. Was there a reason why  
18 it wasn't included?

19 A. Just in general, in my career  
20 with the company, we've never promoted  
21 controlled substances to the customer or to a  
22 physician.

Page 54	Page 56
[REDACTED]	[REDACTED]

Page 58	Page 60
[REDACTED]	[REDACTED]

Page 62

[REDACTED]

Page 64

[REDACTED]

Page 63

[REDACTED]

Page 65

[REDACTED]

Page 66	Page 68
[REDACTED]	[REDACTED]

Page 70

[REDACTED]

Page 72

[REDACTED]

5 MR. ECKLUND: Let's take our  
6 first break.  
7 THE VIDEOGRAPHER: We are going  
8 off the record at 9:25 a.m.  
9 (Recess taken, 9:25 a.m. to  
10 9:44 a.m.)  
11 THE VIDEOGRAPHER: We are back  
12 on the record at 9:44 a.m.  
13 MR. ECKLUND: Welcome back,  
14 Ms. Coleman.  
15 THE WITNESS: Thank you.

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[REDACTED]

Page 73

[REDACTED]

[REDACTED]	<p>1 Q. What's the difference between 2 an opioid epidemic and an opioid crisis? 3 A. I'm not a -- someone who can 4 define what an epidemic is, but, you know, I 5 will say one way or the other. 6 Q. When did you become aware of 7 the opioid crisis? 8 A. Probably in the last five years 9 or so. Six years. 10 Q. How did you become aware of the 11 opioid crisis in 2012? Or 2013? 12 A. Just what's in the news or what 13 I hear being at the office. 14 Q. So at the office you have 15 discussions about the opioid crisis between 16 2012 and 2013? 17 A. I can't recall when. 18 Q. Do you have a recollection of 19 any of those discussions? 20 A. I don't recall specific 21 discussions around the opioid crisis. 22 Q. Would those have been formal 23 meetings or informal watercoolers? 24 A. Just informal. 25 Q. Just conversations around the</p>
<p>12 Q. Are you familiar generally with 13 the defendants that are named in this case, 14 beyond Walmart? 15 A. No. 16 Q. Are you familiar with the 17 plaintiffs? 18 A. No. 19 Q. Do you know whether they're 20 individuals or public entities? 21 A. I do not. 22 Q. Can we agree that there is an 23 opioid epidemic in the United States today? 24 A. I believe there's a crisis, an 25 opioid crisis.</p>	<p>Page 75</p> <p>1 coffee pot or the watercooler around the 2 office? 3 A. I really don't recall where 4 they were. 5 Q. Do you recall having any 6 conversations with anyone in particular? 7 A. No. 8 Q. You mentioned news. Are you 9 talking about written news? Like a 10 newspaper? Online internet? Or television 11 news? 12 A. Either. 13 Q. Both? 14 A. Both. 15 Q. When you watch television news, 16 what channels do you most often watch? 17 A. I don't really specifically 18 watch any one over the other. 19 Q. So local news? 20 A. Yeah. 21 Q. CNN? 22 A. Possibly. 23 Q. Fox News? 24 A. Possibly. 25 Q. CNBC?</p> <p>Page 77</p>

	Page 78		Page 80
1	A. Yes.	1	or worse in an acute disease or fever."
2	Q. MSNBC?	2	B: "a paroxysmal attack of
3	A. I'm not --	3	pain, distress, or disordered function."
4	Q. You're completely open to	4	C: "an emotionally significant
5	whatever newscaster is on. You're open to	5	event or radical change of status in a
6	listening and paying attention --	6	person's life." And then there's -- midlife
7	A. I don't watch a lot of news	7	crisis is an example.
8	personally, but yeah.	8	Following below, we have
9	Q. So television news is not a big	9	definition 2, "the decisive moment, as in a
10	part of your life?	10	literary plot."
11	A. Correct.	11	And 3A and 3B: "An unstable or
12	Q. How about reading the	12	crucial time or state of affairs in which a
13	newspaper? Is it a habit?	13	decisive change is impending, especially one
14	A. No.	14	with the distinct possibility of a highly
15	Q. What about reading online news?	15	undesirable outcome." Examples being a
16	Is that a habit?	16	financial crisis, or the nation's energy
17	A. Online news? No.	17	crisis.
18	Occasionally.	18	And then B: "a situation that
19	Q. Once or twice a week?	19	has reached a critical phase." The
20	A. Yes.	20	environmental crisis, and the unemployment
21	Q. But not daily?	21	crisis being examples.
22	A. Not daily.	22	When you used the word
23	Q. Okay. When you say "crisis,"	23	"crisis," do any of those definitions fit
24	what do you mean by crisis?	24	your understanding of the word "crisis" as
25	A. Just that -- crisis is that	25	you were using it when we talked about the
	Page 79		Page 81
1	there's a -- just an opportunity with a	1	opioid crisis?
2	product, or -- I don't really know the	2	A. Yes.
3	definition of a crisis, but ...	3	Q. Which one?
4	Q. That's okay. Let's see if we	4	A. Several of them.
5	can reach agreement.	5	Q. Why don't you identify the ones
6	So I looked up on	6	that do.
7	Merriam-Webster's Dictionary the word	7	A. "A turning point for better or
8	"crisis."	8	worse."
9	And there are a few definitions	9	Q. Okay. So --
10	available. We've got definition of crisis A:	10	A. "A decisive moment."
11	"The turning point for better or worse in an	11	Q. 1A, 2. Okay.
12	acute disease or fever?"	12	What about 3A or 3B?
13	And you can see it on the	13	A. I would say both of them.
14	screen now. Correct? Ms. Coleman, you can	14	Q. Okay. So when you use the word
15	see the Merriam-Webster's website on the	15	"crisis" today, I'm going to keep your
16	large screen in the room?	16	understanding of that word in mind; is that
17	A. Yes.	17	fair?
18	Q. Okay. And you can see it says	18	A. That's fair.
19	"Merriam-Webster since 1828," and you can see	19	Q. I want to make sure we have an
20	I looked up the word "crisis"?	20	understanding of what each other -- of what
21	A. Yes.	21	I'm saying to you and what you're saying to
22	Q. And I'm going to read it. If I	22	me. And if there's a word that I used today
23	misread it, just stop me.	23	and you want me to look it up and you want a
24	Definition of crisis.	24	dictionary --
25	"The turning point for better	25	A. Okay.

	Page 82	Page 84
1	Q. -- totally fine. Okay?	details on that.
2	Can we agree that over the past	2 Q. (BY MR. ECKLUND) It's not
3	year the opioid crisis has gained visibility	3 something that you're aware of in your role
4	in our society?	4 as a purchaser or buyer of pharmaceutical
5	A. Yes.	5 drugs including prescription opioids for
6	Q. Are you aware that	6 Walmart?
7	President Trump has identified the opioid	7 MR. CARTER: Same objection.
8	epidemic as he referred to it as a "public	8 THE WITNESS: I'm not aware of
9	health emergency"?	9 the details of that, no.
10	A. Yes.	10 MR. ECKLUND: Okay.
11	Q. Do you agree with that	[REDACTED]
12	characterization by President Trump that the	[REDACTED]
13	opioid crisis or opioid epidemic is a "public	[REDACTED]
14	health emergency"?	[REDACTED]
15	A. I think it's a public health	[REDACTED]
16	concern, personally, my personal opinion.	[REDACTED]
17	Q. Okay. That's all right. You	[REDACTED]
18	don't have to agree or disagree with the	[REDACTED]
19	President. I'm just asking your opinion.	[REDACTED]
20	A. Yeah.	[REDACTED]
21	Q. Are you aware that a national	[REDACTED]
22	commission and a commission of state	[REDACTED]
23	governors have issued recommendations for	[REDACTED]
24	action to address the opioid epidemic?	[REDACTED]
25	A. I'm not aware of that.	[REDACTED]
	Page 83	Page 85
1	Q. Are you aware that many of the	[REDACTED]
2	concerns that have been raised by elected	[REDACTED]
3	officials stem from the fact that in 2016,	[REDACTED]
4	more than 11 million Americans misused	[REDACTED]
5	prescription opioids?	[REDACTED]
6	MR. CARTER: Object to the	4 Q. That's okay. We'll get there.
7	form.	5 If I wanted to go into a store
8	MR. WATTS: Object to the form.	6 today and buy 50 pills, prescription pills,
9	MR. ECKLUND: Are you aware?	7 but I don't have a prescription, I can't do
10	THE WITNESS: Can you restate	8 it. Is that right? Without a prescription,
11	that?	9 I can't purchase prescription drugs?
12	MR. ECKLUND: Sure.	10 A. Correct.
13	Q. (BY MR. ECKLUND) Are you aware	11 Q. But I can go in and buy a dozen
14	that in 2016, more than 11 million Americans	12 eggs from Walmart if they're available for
15	misused prescription opioids?	13 sale?
16	MR. CARTER: Object to the	14 A. Correct.
17	form.	15 Q. And I could buy blue jeans?
18	THE WITNESS: I don't	16 A. Correct.
19	specifically know that number.	17 Q. Or a book?
20	Q. (BY MR. ECKLUND) Are you aware	18 A. Yes.
21	that the number of opioid-related deaths have	19 Q. Anything else in the store that
22	more than quadrupled since 1999?	20 has restrictions that you're aware of?
23	MR. CARTER: Object to the	21 A. Probably firearms.
24	form.	22 Q. Firearms.
25	THE WITNESS: I don't know the	23 A. Alcohol.
		24 Q. Okay. Does that make sense to
		25 you? Firearms should be --

	Page 86	Page 88
1	A. I don't have one way --	that condition.
2	Q. No, I'm saying does it make	2 Q. Okay. So they're looking to
3	sense that firearms might be something where	3 treat a health condition. They're looking to
4	there would be additional restrictions on	4 improve their quality of life?
5	purchase and sales?	5 MR. CARTER: Object to the
6	A. Yes.	6 form.
7	Q. Anything besides firearms and	7 THE WITNESS: Possibly.
8	prescription drugs come to mind?	8 Q. (BY MR. ECKLUND) Possibly?
9	A. Alcohol.	9 Perhaps a little longer life? Maintain or
10	Q. Alcohol. Does that one make	10 manage a condition so that you can live a
11	sense to you as well?	11 full and complete life?
12	A. I don't -- I just know there	12 MR. CARTER: Form.
13	are restrictions as a purchaser.	13 THE WITNESS: Possibly.
14	Q. Okay.	14 Q. (BY MR. ECKLUND) Possibly?
15	A. That's really all I have to add	15 So consumers purchase and
16	there.	16 ingest pharmaceuticals most often because of
17	Q. And tobacco as well?	17 the role they can play in improving or
18	A. Yes.	18 maintaining their health. Is that fair?
19	Q. Okay. Now, you mentioned	19 A. Yes.
20	firearms, alcohol, and I mentioned tobacco to	[REDACTED]
21	you.	[REDACTED]
22	So let's talk about those, and	[REDACTED]
23	then we'll talk about prescription drugs.	[REDACTED]
24	Most individuals who purchase	[REDACTED]
25	alcohol purchase alcohol to consume the	[REDACTED]
	Page 87	Page 89
1	alcohol because they enjoy the alcohol. Is	[REDACTED]
2	that basically consistent with your	[REDACTED]
3	understanding of why people might buy	[REDACTED]
4	alcohol?	[REDACTED]
5	A. I don't know why people buy	[REDACTED]
6	alcohol. I don't know. I mean ...	[REDACTED]
7	MR. CARTER: I didn't have the	[REDACTED]
8	time at the break, but I would object	[REDACTED]
9	to the form of that question.	[REDACTED]
10	MR. ECKLUND: That's fine.	[REDACTED]
11	Q. (BY MR. ECKLUND) Tobacco, most	[REDACTED]
12	people purchase it for personal use. They	[REDACTED]
13	enjoy smoking tobacco. They enjoy chewing	[REDACTED]
14	tobacco. Maybe they're addicted, but they	[REDACTED]
15	use tobacco themselves?	[REDACTED]
16	MR. CARTER: Same objection.	[REDACTED]
17	Q. (BY MR. ECKLUND) What's your	[REDACTED]
18	understanding of why people purchase	[REDACTED]
19	prescription drugs? You're a pharmacist.	[REDACTED]
20	Why do people most often buy prescription	[REDACTED]
21	drugs? Is it because they like ingesting	[REDACTED]
22	pills or is it because they're looking for a	[REDACTED]
23	health benefit?	[REDACTED]
24	A. They likely have a diagnosed	[REDACTED]
25	health condition and are seeking treatment of	[REDACTED]

Page 90

11 Q. We talked about one of the key  
12 differences between prescription drugs and  
13 other drugs, which is by definition a  
14 prescription only. You need a prescriber to  
15 write a prescription in order to obtain that  
16 medication; correct?

17 A. Correct.

18 Q. Okay. Let's talk about another  
19 difference in prescriptions.

20 Let's talk about insurance.

21 Many consumers who purchase  
22 prescription drugs, they have insurance  
23 coverage; correct?

24 A. Correct.

25 Q. And many elderly individuals in

Page 91

1 America today enjoy benefits provided by  
2 Medicare. Is that consistent with your  
3 understanding?

4 A. Yes.

5 Q. And you're aware of Medicaid  
6 programs as well?

7 A. Yes.

8 Q. Okay. Are you familiar with  
9 formulary lists?

10 A. Yes.

11 Q. What's a formulary list?

12 A. It's generally a list of  
13 products that the insurance plan covers.

14 Q. Okay. Are you familiar with  
15 tiers for prescription drugs benefits?

16 A. Brand or generic tiers.

17 Q. Okay. One type. Specialty  
18 pharmaceutical might be another tier?

19 A. I'm not familiar with those  
20 types of tiers.

21 Q. Again, a somewhat unique  
22 circumstance for prescription drugs is that  
23 the transactions themselves don't just  
24 involve the consumer. They can involve an  
25 insurance provider. They can involve

Page 92

1 Medicare. They can involve Medicaid. They  
2 can involve formulary lists. That all true?  
3 MR. CARTER: Object to the  
4 form.  
5 THE WITNESS: They can, yes.

Page 93

1 until you've tried the Reeboks; right? You  
2 can choose what you want to buy without  
3 involvement by another party.

4 A. Correct.

Page 94

[REDACTED]

Page 96

8 Q. We talked in part on your  
9 familiarity with controlled substances.  
10 Let's get a little more detailed on  
11 controlled substances.

12 What is a controlled substance?

13 A. It is a product that has  
14 limitations as far as refills is considered,  
15 depending on the state law, what you can  
16 dispense, you know, how many refills,  
17 et cetera.

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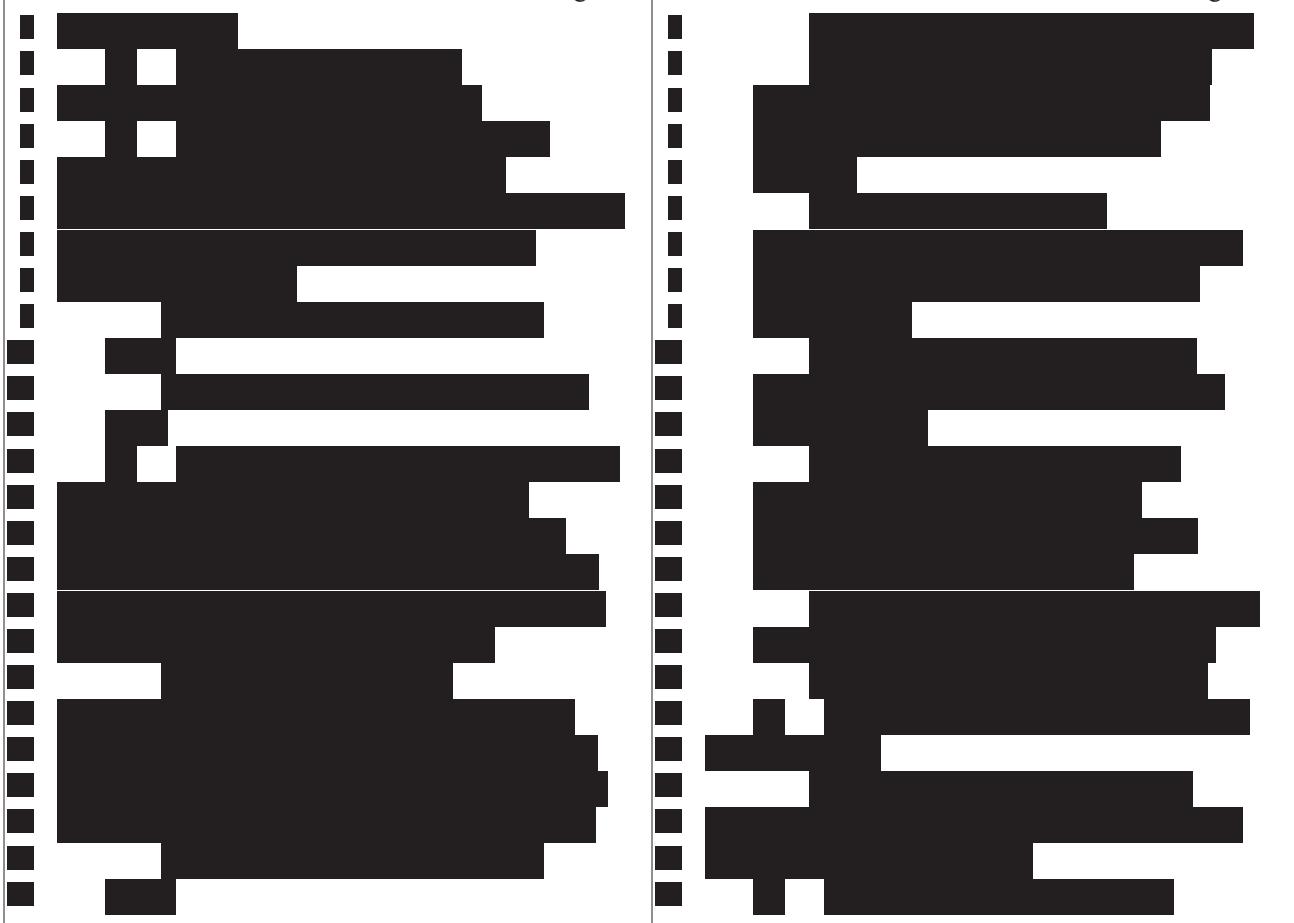
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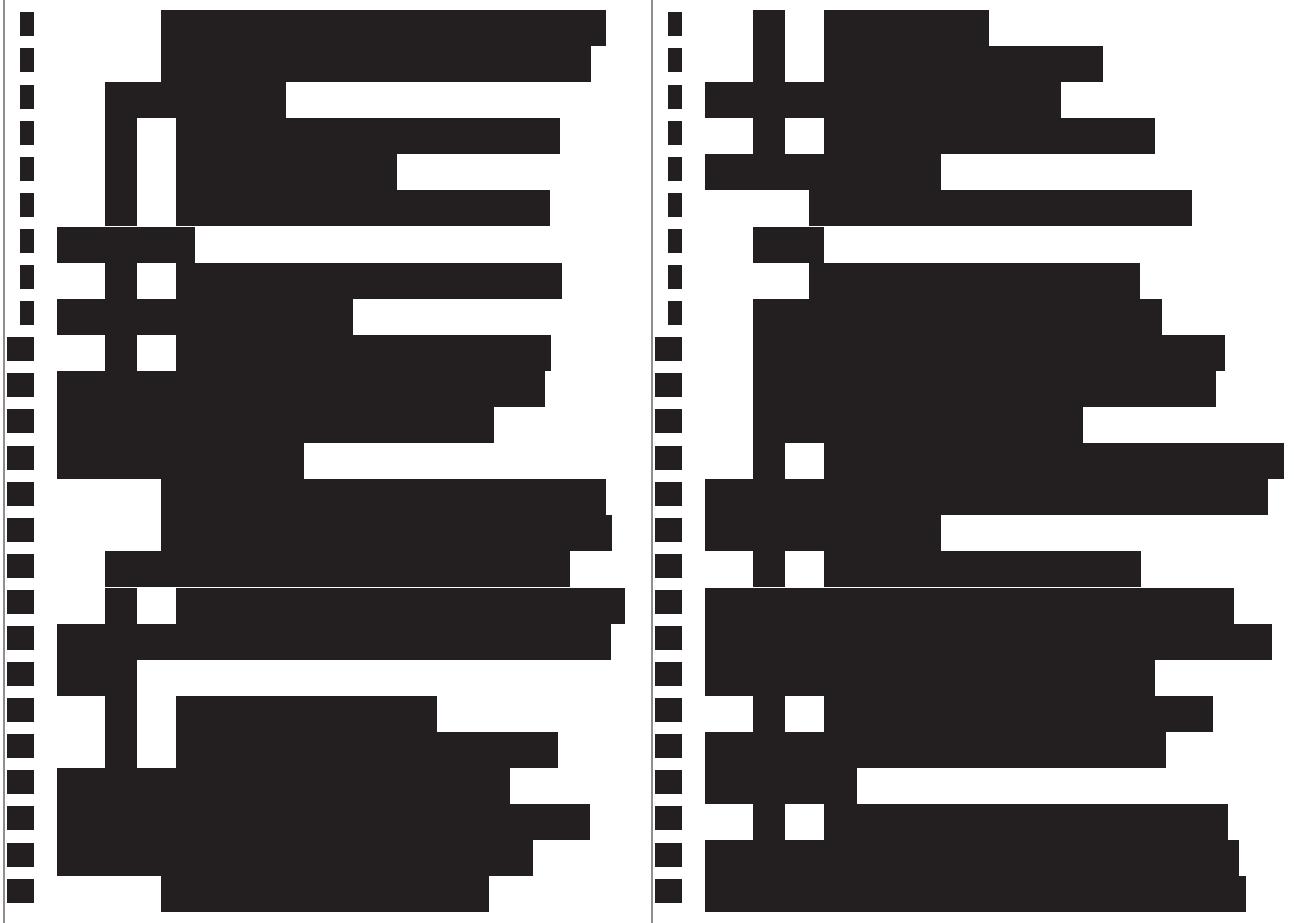
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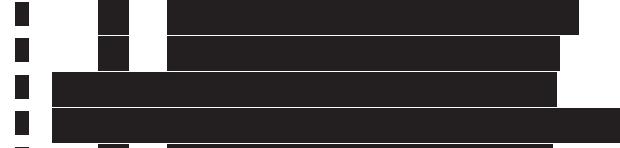
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Page 106	Page 108
[REDACTED]	[REDACTED]

Page 110	Page 112
	
	
	
	
	
	
	
	
	
	
Page 111	Page 113
	
	
	
	
	
	
	
	
	
	
	

Page 114

[REDACTED]

Page 116

6 Q. (BY MR. ECKLUND) And you're  
7 aware that prescription opioids have been  
8 sold on the street illicitly?

9 A. I am aware of that.

10 Q. When did you become aware that  
11 prescription opioids were being sold on the  
12 street?

13 A. I can't recall exactly.

14 Q. More than five years ago?

15 A. Yes.

16 Q. More than six years ago?

17 A. I really can't --

18 Q. That's okay.

19 A. I don't -- I don't know.

20 Q. I'm not trying to like pinpoint  
21 you. Will you agree it's between five and,  
22 say, eight years ago?

23 A. Possibly.

24 Q. Possibly? We'll stick with  
25 five. Is that fair?

Page 115

[REDACTED]

Page 117

1 A. Yes. That's fair.

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Page 118

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Page 120

The figure consists of two main sections. The left section contains 10 horizontal bars of varying lengths, each with a small vertical bar on its left side. The right section contains two large, highly segmented vertical bars. The entire chart is composed of black bars on a white background.

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Page 121

Figure 1 consists of two panels. The left panel is a horizontal histogram showing the distribution of the number of mutations in the 5' UTR. The x-axis represents the number of mutations, and the y-axis represents the frequency. A dashed vertical line is drawn at 10 mutations. The distribution is skewed to the right, with the highest frequency at 0 mutations. The right panel is a vertical histogram showing the same distribution, but rotated 90 degrees. The x-axis represents the number of mutations, and the y-axis represents the frequency. A dashed horizontal line is drawn at 10 mutations. The distribution is skewed to the right, with the highest frequency at 0 mutations.

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Page 124

## <sup>1</sup> understanding as a pharmacist?

MR. CARTER: Object to the  
n.

4 THE WITNESS: In most cases,  
5 yes.

Q. (BY MR. ECKLUND) In most cases.

8               Okay. So as an injection or  
9 infusion, they're different than pills and

tablets?  
A. They are.

12 Q. Okay. Method of ingestion, how  
13 you get the medicine you need differ?

14 A. Correct.

15 Q. Okay. And as the name implies,  
16 specialty products are often intended for

17 special therapeutic situations. I'll run  
18 down a list of a few that I'm aware of.  
19 We've got oncologics. Are you aware of  
20 specialty pharmaceuticals in the context of  
21 oncology?

22 A. Yes.

## 23 Q. Antivirals?

24 A. Yes.

## 25 Q. Immunosuppressants?

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Page 125

1 A. Yes.

## 2 Q. Immunostimulants?

3 A. Yes.

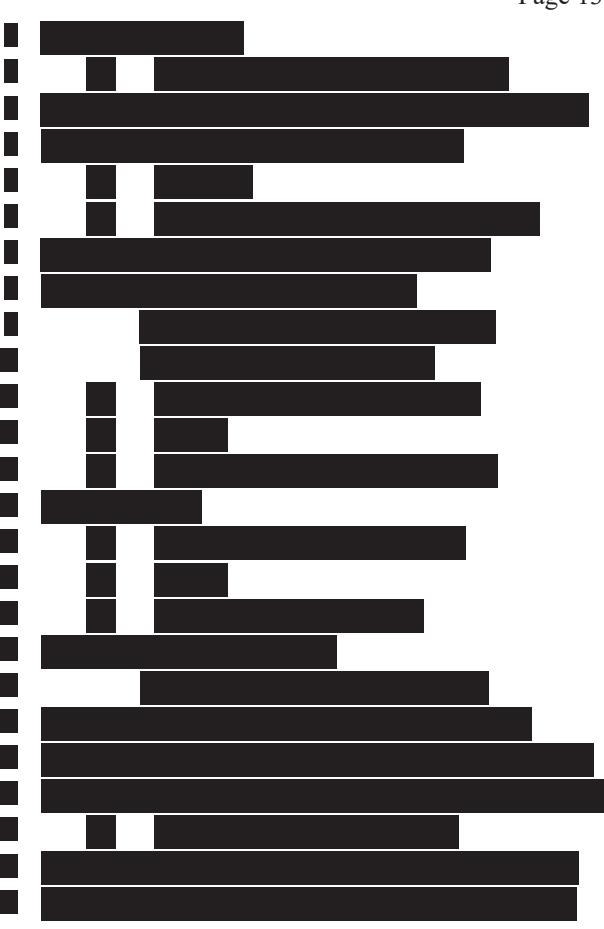
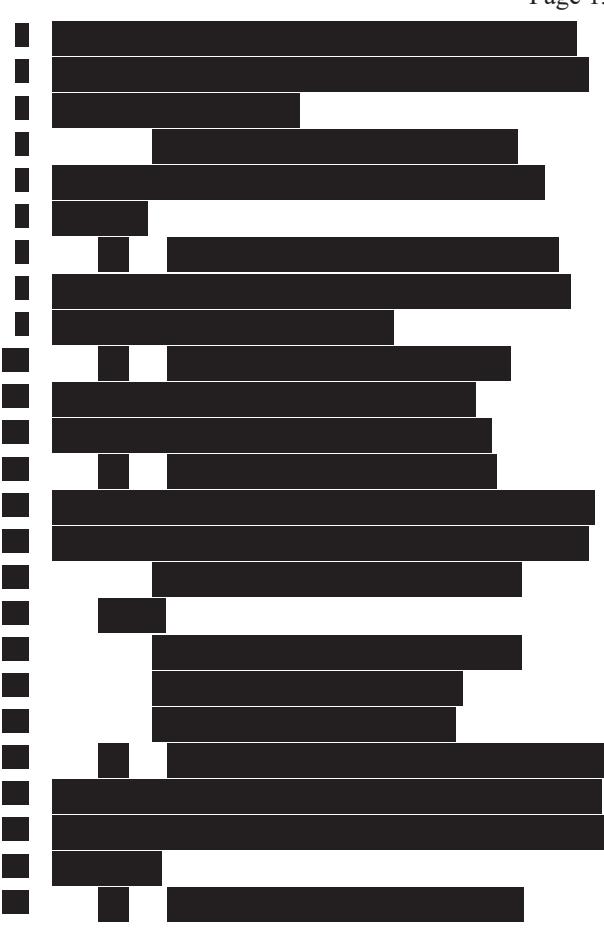
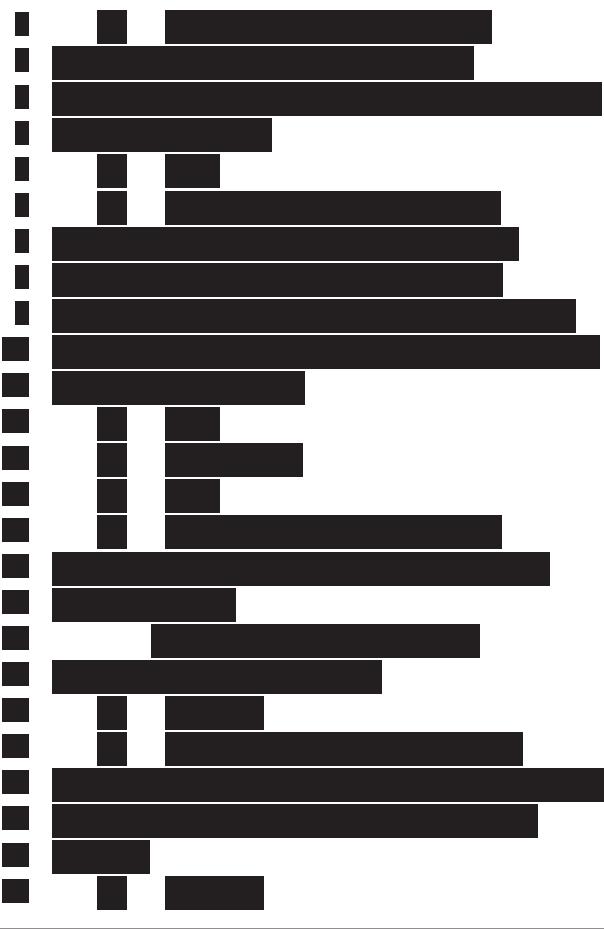
#### 4 Q. Autoimmune modulators?

5      A.    Possibly.

18 Q. We talked earlier about your  
19 familiarity with specialty pharmaceutical  
20 manufacturers. And again, as I understand  
21 those, those are often biotech companies,  
22 biotechnology drugs. But it can include  
23传统als typically administered by  
24 injection or infusion.

25 Is that consistent with your



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<p>Page 131</p> 	<p>Page 133</p> 

Page 134	Page 136
[REDACTED]	[REDACTED]

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[REDACTED]

Page 139

Page 141

[REDACTED]

Page 142	Page 144
[Redacted content]	[Redacted content]

Page 146

Page 148

[REDACTED]

Page 147

Page 149

[REDACTED]

6 MR. CARTER: No particular  
7 urgency, but if you get to a good  
8 breaking point, if we could take one  
9 more before lunch.

10 MR. ECKLUND: Sure. Let's take  
11 one right now.

12 THE VIDEOGRAPHER: We are going  
13 off the record. The time is  
14 10:55 a.m.

15 (Recess taken, 10:55 a.m. to  
16 11:07 a.m.)

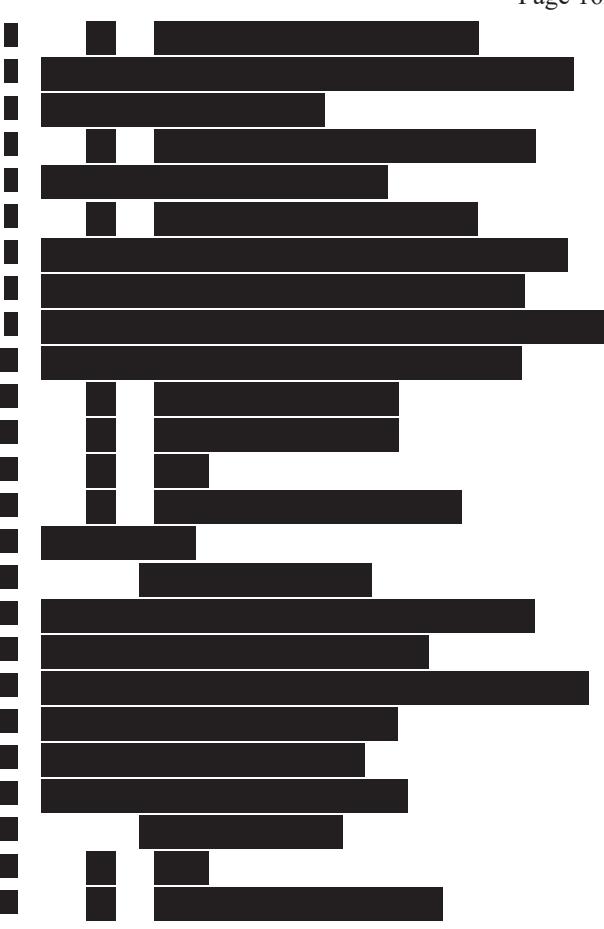
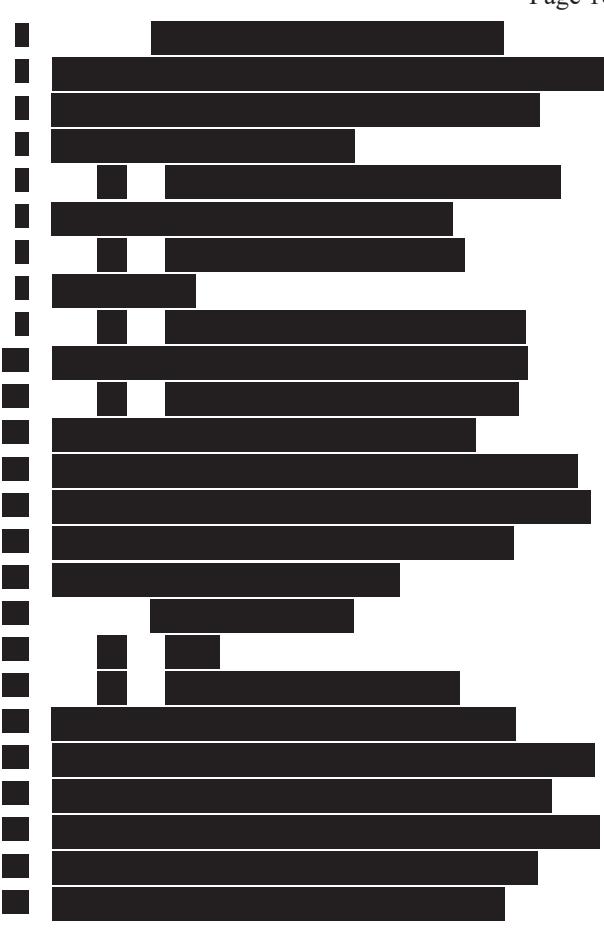
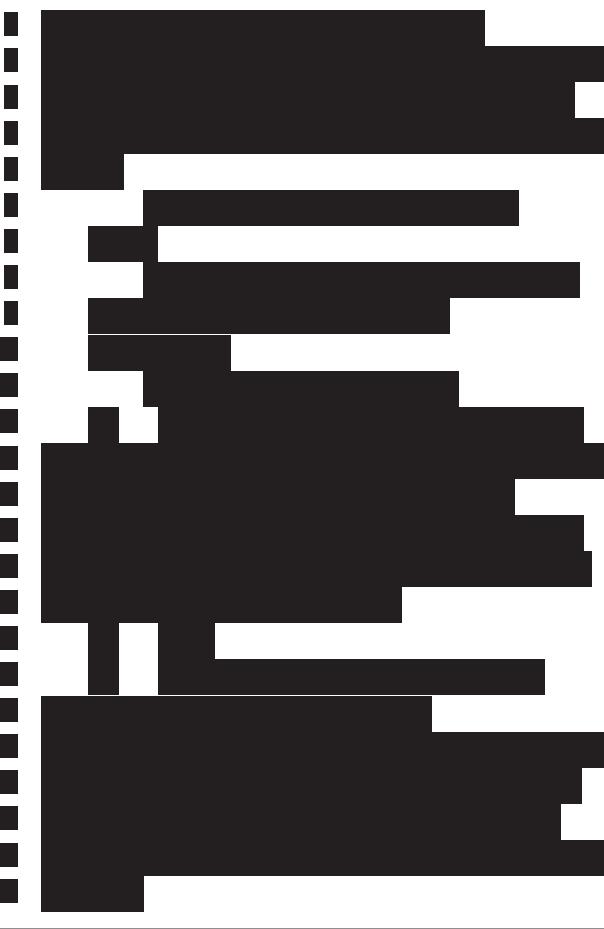
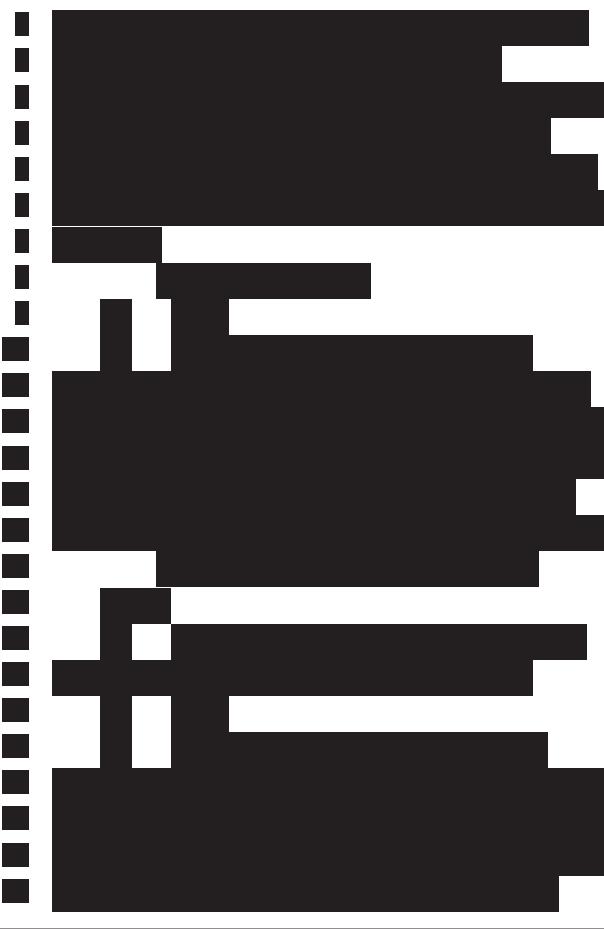
17 THE VIDEOGRAPHER: We are back  
18 on the record at 11:07 a.m.

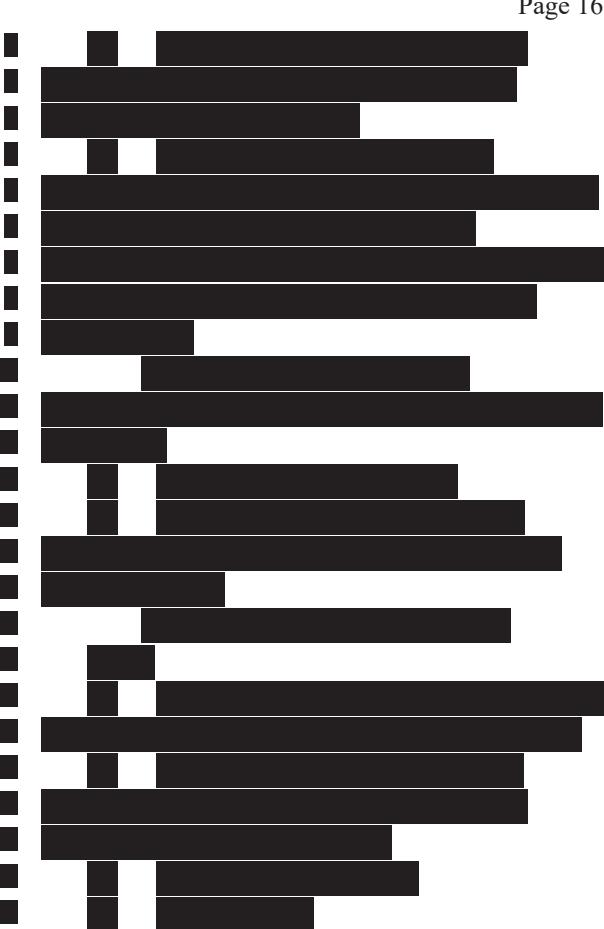
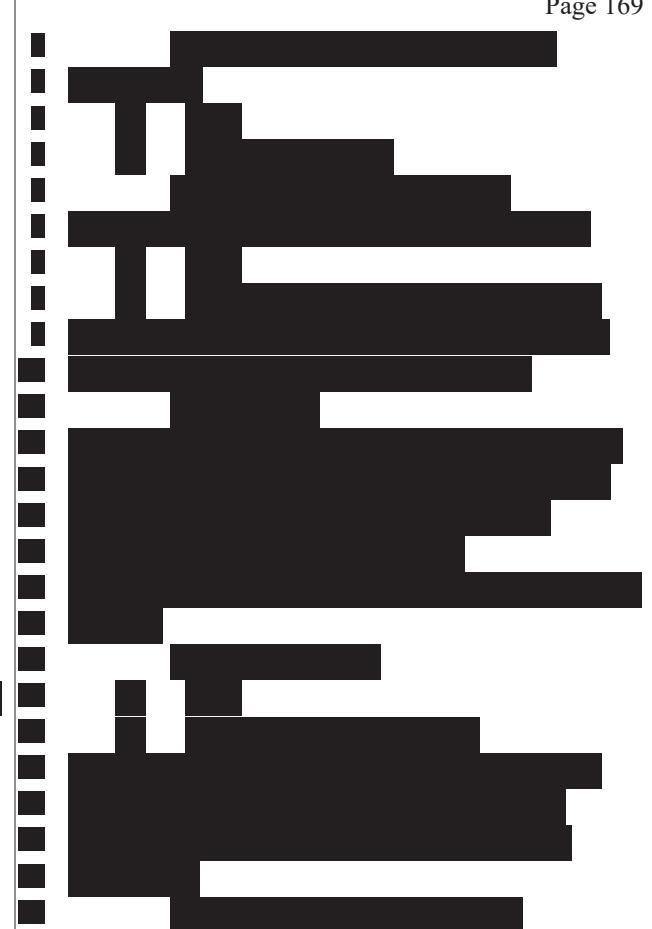
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Page 154	Page 156
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[REDACTED]	[REDACTED]

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Page 167	Page 169
	

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Page 172

[REDACTED]

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Page 177

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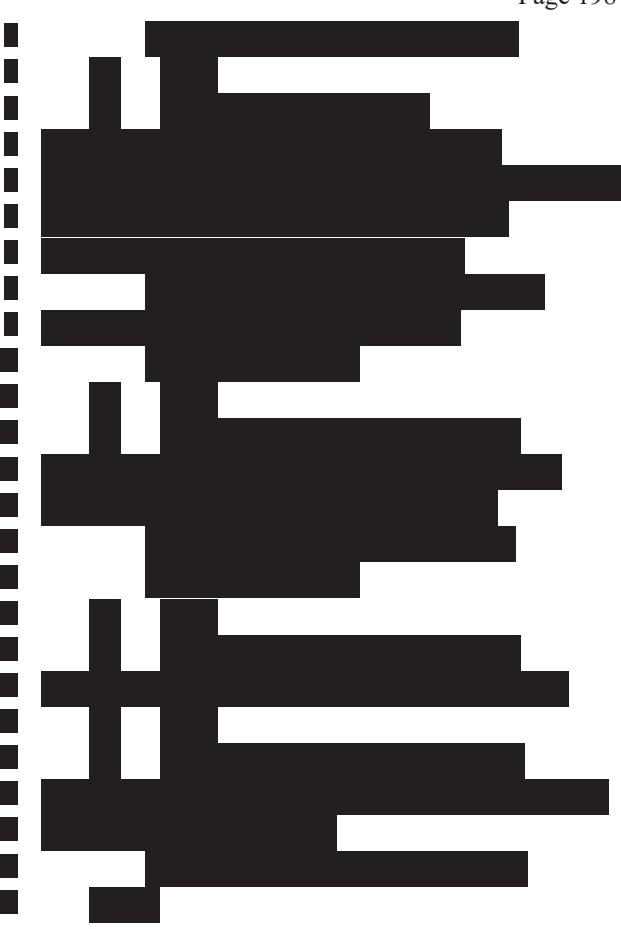
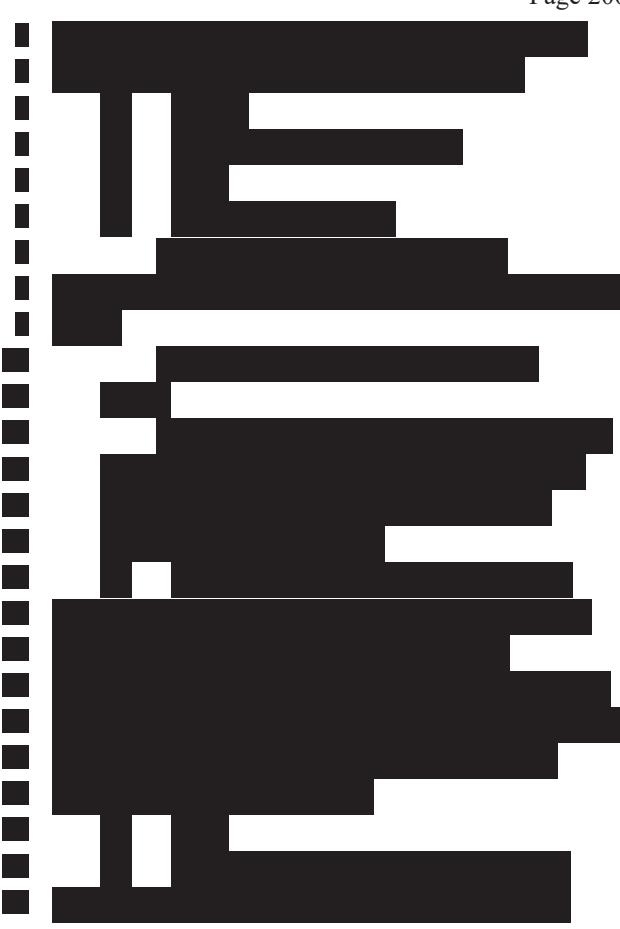
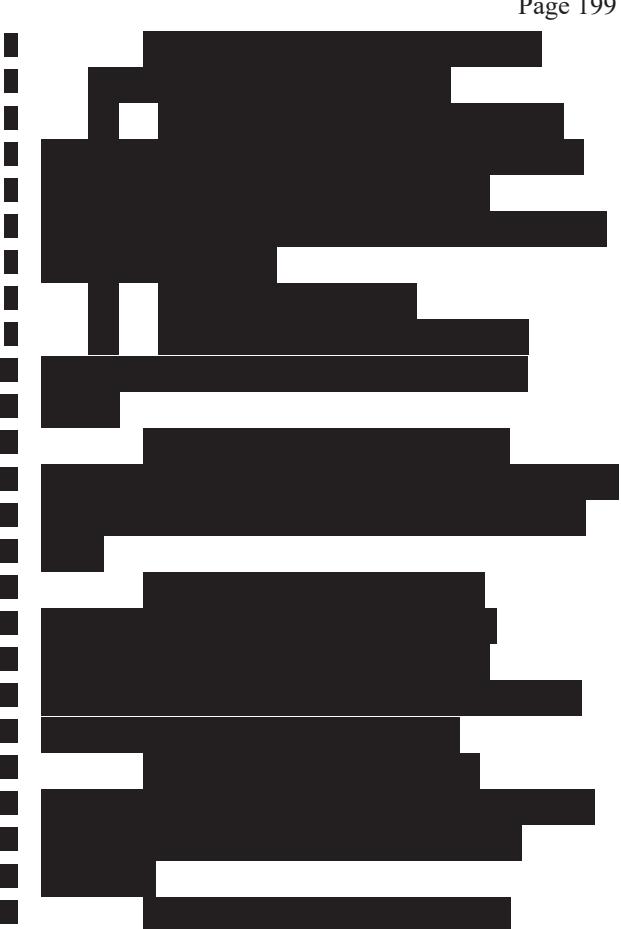
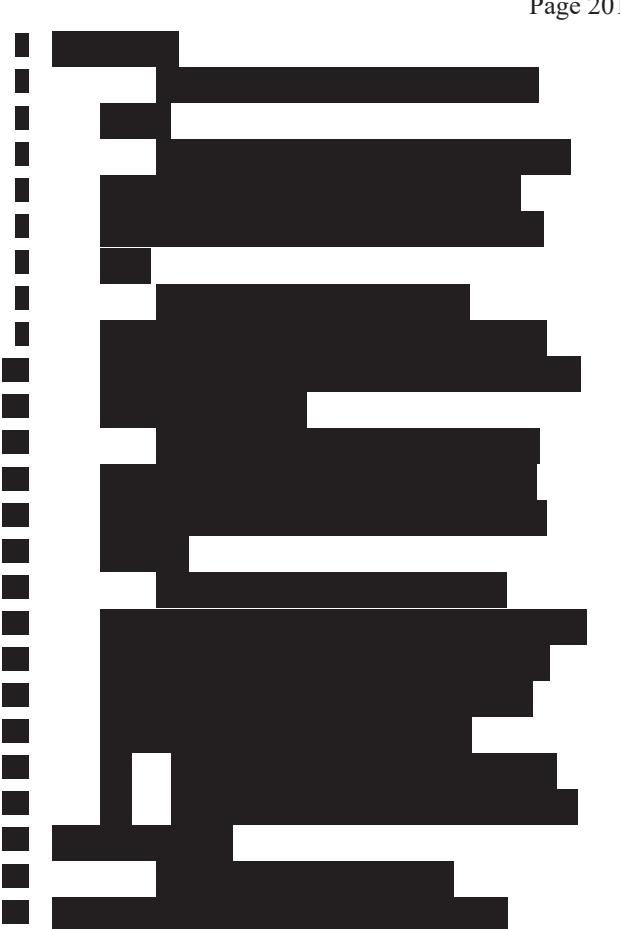
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Page 190	Page 192
[REDACTED]	[REDACTED]

Page 194	Page 196
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<p>Page 198</p> 	<p>Page 200</p> 
<p>Page 199</p> 	<p>Page 201</p> 



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Page 208

A 7x7 grid of black and white squares. The pattern repeats every two columns. The first column is black, the second is white, the third is black, the fourth is white, and so on. A vertical dashed line is positioned on the far left of the grid.

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Page 209

A horizontal bar chart illustrating the percentage of children with a primary diagnosis of autism across 15 different categories. The categories are listed on the y-axis, and the x-axis represents the percentage, ranging from 0% to 100% in increments of 10%. The bars are dark grey, and the y-axis features vertical dashed grid lines. The data shows that the percentage of children with autism varies significantly between categories, with some reaching nearly 100% and others being below 10%.

Category	Percentage (%)
1	~95
2	~98
3	~95
4	~98
5	~95
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7	~95
8	~98
9	~95
10	~98
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613	~95

Term	Percentage
Monetary Policy	98
Interest Rates	95
GDP	100
Inflation	98
Central Bank	92
Interest Rate Hikes	88
Interest Rate Cuts	85
Interest Rate Parity	82
Interest Rate Differential	78
Interest Rate Swap	75
Interest Rate Swap	72
Interest Rate Swap	68
Interest Rate Swap	65
Interest Rate Swap	62
Interest Rate Swap	58
Interest Rate Swap	55
Interest Rate Swap	52
Interest Rate Swap	48
Interest Rate Swap	45
Interest Rate Swap	42
Interest Rate Swap	38
Interest Rate Swap	35
Interest Rate Swap	32
Interest Rate Swap	28
Interest Rate Swap	25
Interest Rate Swap	22
Interest Rate Swap	18
Interest Rate Swap	15
Interest Rate Swap	12
Interest Rate Swap	8
Interest Rate Swap	5
Interest Rate Swap	2
Interest Rate Swap	1

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Page 212

[REDACTED]

Page 211

Page 213

[REDACTED]

14 MR. WATTS: If I could please  
15 request that we read the Bates numbers  
16 of the exhibits in the record. That  
17 would be helpful for us on the phone.  
18 We'd appreciate it.  
19 MR. ECKLUND: Okay.  
20 Are you hungry? Are you ready  
21 to eat?  
22 THE WITNESS: I wouldn't -- you  
23 said around 12:00? I'm okay right  
24 now.  
25 MR. ECKLUND: You waved your

1 hand

2 THE WITNESS: I don't know when  
3 the food is here.

4 MR. ECKLUND: Just wave your  
5 hand when you want to break for lunch  
6 and we'll break for lunch. Okay?

7 THE WITNESS: Okay.

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Page 216

A 2D bar chart showing the distribution of data across 10 horizontal bins. The x-axis is labeled "Bin" and the y-axis is labeled "Value". The bars are black with white outlines. The distribution is highly right-skewed, with the highest values in the first few bins and a long tail of smaller values extending to the right.

A horizontal bar chart showing the percentage of respondents who have heard of various terms. The y-axis lists the terms, and the x-axis shows the percentage from 0% to 100% in 10% increments. The bars are dark grey.

Term	Percentage
Healthcare	95
Medical	92
Health	88
Healthcare system	85
Medical system	82
Healthcare reform	78
Medical reform	75
Healthcare insurance	72
Medical insurance	68
Healthcare technology	65
Medical technology	62
Healthcare policy	58
Medical policy	55
Healthcare access	52
Medical access	48
Healthcare cost	45
Medical cost	42
Healthcare quality	38
Medical quality	35
Healthcare equity	32
Medical equity	28
Healthcare disparities	25
Medical disparities	22
Healthcare disparities	20
Medical disparities	18
Healthcare disparities	15
Medical disparities	12
Healthcare disparities	10
Medical disparities	8
Healthcare disparities	5
Medical disparities	3
Healthcare disparities	2
Medical disparities	1
Healthcare disparities	0

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Term	Percentage
Monetary policy	98
Inflation	98
GDP	100
Interest rates	95
Central bank	92
Deflation	88
Monetary base	85
Monetary multiplier	82
Monetary expansion	78
Monetary contraction	75
Monetary neutrality	72
Monetary equilibrium	68
Monetary disequilibrium	65
Monetary disequilibrium	62
Monetary disequilibrium	58
Monetary disequilibrium	55
Monetary disequilibrium	52
Monetary disequilibrium	48
Monetary disequilibrium	45
Monetary disequilibrium	42
Monetary disequilibrium	38
Monetary disequilibrium	35
Monetary disequilibrium	32
Monetary disequilibrium	28
Monetary disequilibrium	25
Monetary disequilibrium	22
Monetary disequilibrium	18
Monetary disequilibrium	15
Monetary disequilibrium	12
Monetary disequilibrium	8
Monetary disequilibrium	5
Monetary disequilibrium	2
Monetary disequilibrium	1
Monetary disequilibrium	0

Term	Percentage
Organic	51
Non-GMO	61
Artificial	78
Natural	82
Organic	83
Non-GMO	84
Artificial	85
Natural	86
Organic	87
Non-GMO	88
Artificial	89
Natural	90
Organic	91
Non-GMO	92
Artificial	93
Natural	94
Organic	95
Non-GMO	96
Artificial	97
Natural	98
Organic	99
Non-GMO	100







Page 230	Page 232
[REDACTED]	<p>2 MR. ECKLUND: Again, please let 3 me know when you want to take lunch. 4 THE WITNESS: Probably in a few 5 minutes. I need a break. 6 MR. ECKLUND: Do you want to do 7 this one and then we'll take a break? 8 THE WITNESS: Yeah. 9 MR. ECKLUND: That's fine. 10 (Walmart Coleman Deposition 11 Exhibit 10 was marked for 12 identification.) 13 Q. (BY MR. ECKLUND) So, 14 Ms. Coleman, I've handed you a document that 15 I found online. And it's from a presentation 16 that was -- I'll say it was jointly offered 17 by Walmart and Humana. And came out in 18 connection with announcements and press 19 releases. 20 And you can peruse the document 21 if you want. And let me know if you remember 22 listening in to the media teleconference or 23 reading any materials about this particular 24 venture. And you can see that there are 25 press contacts, and there's a date.</p>
Page 231	<p>1 MR. ECKLUND: And just for 2 counsel on the record, there is no 3 Bates stamp on this document. 4 Q. (BY MR. ECKLUND) 5 September 30th, 2010. Do you see that on the 6 third slide? 7 When you get there, you let me 8 know. 9 A. Okay. 10 Q. So you've had a chance to 11 quickly peruse the slide deck? 12 A. Yes. 13 Q. If you'd turn to the -- what 14 includes the 3 at the bottom. Do you see 15 there's a numbering on the slides? 16 A. Uh-huh. 17 Q. So it appears that the media 18 teleconference was going to be held on or 19 around September 30th, 2012. 20 Do you see that? 21 A. Yes. 22 Q. And if you go to the next 23 slide, you have a picture of a gentleman, 24 William Fleming, vice president, Humana 25 Pharmacy Solutions.</p>

<p>4 Q. Go to the next slide. There's 5 an announcement. Today's announcement. 6 "Beginning with this fall's Medicare 7 enrollment period, November 15th to 8 December 31, 2010, Humana will offer an 9 innovative Medicare Part D plan co-branded 10 with Walmart that provides significant 11 savings on certain prescription medicines for 12 Medicare beneficiaries." 13 Do you see that? 14 A. Yes. 15 Q. If you go to the next page. It 16 talks a little bit about Medicare Part D. 17 Medicare Part D. Prescription 18 plan supported by the Medicare program. 19 Started in 2006. 18 million people enrolled 20 in a stand-alone Medicare Part D plan. And 21 that's based on information available to the 22 Henry J. Kaiser Family Foundation as of 23 April 2010. Do you see that? 24 So -- 25 A. Yes.</p>	<p>Page 234</p> <p>1 understanding. 2 Q. Okay. Just in connection with 3 clinical services, immunizations, you don't 4 have any reason to dispute that number? 5 Okay. 6 MR. CARTER: Object to the 7 form. 8 Q. (BY MR. ECKLUND) There's a 9 prediction, 26 million by 2015. Do you know 10 whether that came about or if it's slightly 11 lower or slightly higher than the actual 12 number? 13 A. I don't. 14 Q. You don't? Okay. 15 I'll direct your attention to 16 the ninth slide. Top of the page. "An 17 innovative solution the Humana Walmart 18 Preferred Rx Plan." 19 PDP. 20 And that's -- "PDP" stands for 21 prescription drug plan; correct? 22 A. I don't know that for certain, 23 but ... 24 Q. You don't know. Okay. 25 If you'd look at the bottom of</p>
<p>1 Q. The reference number at the 2 bottom of the page? 3 A. Yes. 4 Q. And it furthers breaks out the 5 numbers. 14.3 million Americans 65 years old 6 or older, and 3.7 million people with 7 disabilities under the age of 65. 8 So those would be the 9 individuals in our society that are 10 participating in the stand-alone Medicare 11 Part D plan. Do you see that? 12 A. Yes. 13 Q. One-third of all prescriptions 14 filled in the U.S. Typical senior fills 42 15 prescriptions per year. So 1/3 of 16 prescriptions filled in the U.S. covered by 17 this new Medicare program. Do you see that? 18 A. Yes. 19 Q. Is that consistent with your 20 understanding? 21 A. Based off of what's on here, 22 yes. 23 Q. You don't have any different 24 understanding? 25 A. I don't have any different</p>	<p>Page 235</p> <p>Page 237</p> <p>1 the page, you can see references to 2 calculations based in part on industry 3 average, PDP premium. Spotlight Medicare 4 prescription drug plans 2010. 5 Do you see that? 6 A. Yes. 7 Q. Okay. So fair to assume -- and 8 we don't like assumptions during depositions, 9 but fair to presume for purposes of this 10 slide that they were talking about a 11 prescription drug plan? 12 A. Yes. 13 Q. Okay. References one low 14 national monthly plan premium of \$14.80 a 15 month.</p> <p>[REDACTED]</p>

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2 Q. Okay. And towards the bottom  
3 of the page, it mentions that there's a list  
4 of medicines available, Humana.Medicare.com.  
5 So that at the time would have included all  
6 the medications covered by this preferred  
7 prescription plan?

8 MR. CARTER: Object to the  
9 form.

10 THE WITNESS: Yep.

11 Q. (BY MR. ECKLUND) It also  
12 references a broad competitive formulary  
13 comparable to other plans. And again, we  
14 talked about formulary lists earlier. That's  
15 a list of drugs that might be approved by a  
16 particular provider of an insurance benefit

17 A. Correct.

18 Q. Okay. This document also  
19 mentions home delivery mail order co-payments  
20 as low as \$0 for generic medications and  
21 prescriptions filled using the plan's  
22 preferred mail order pharmacy.

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Q. There's a reason why I'm asking.

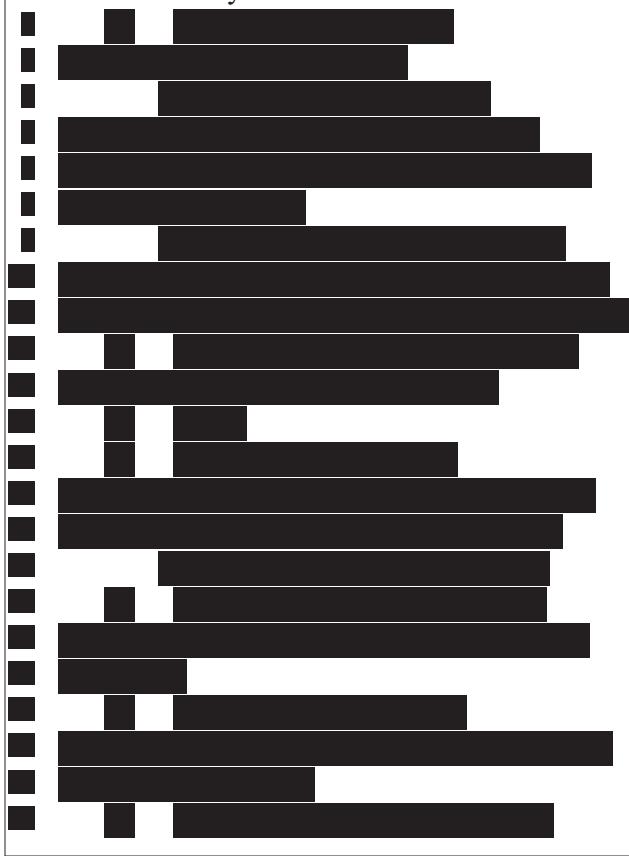
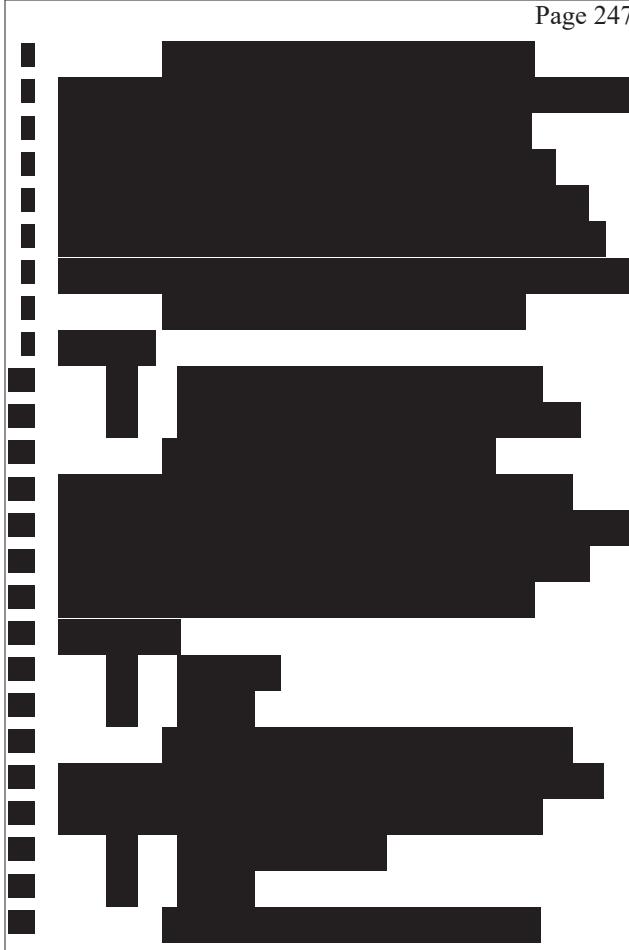
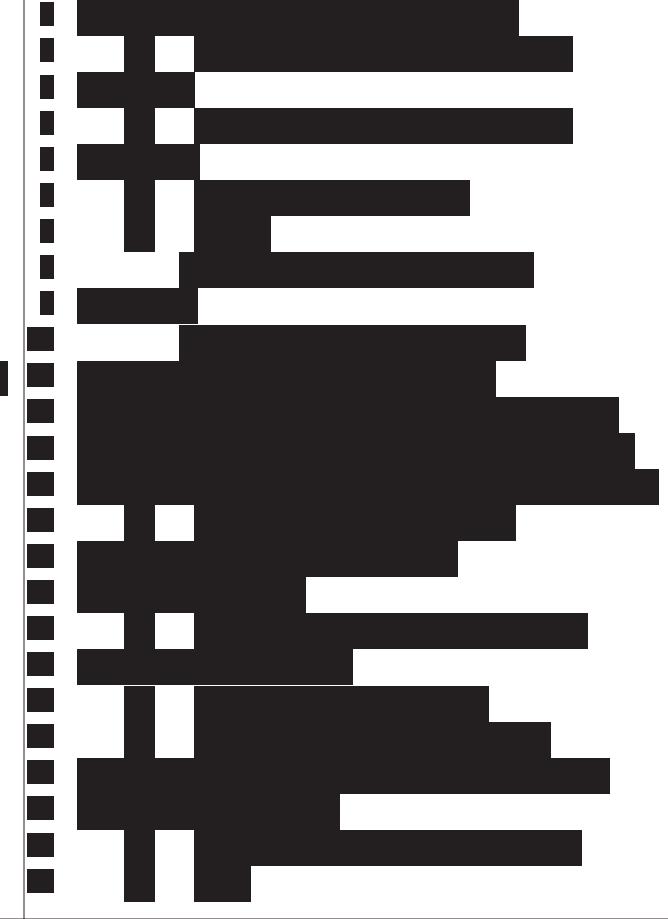
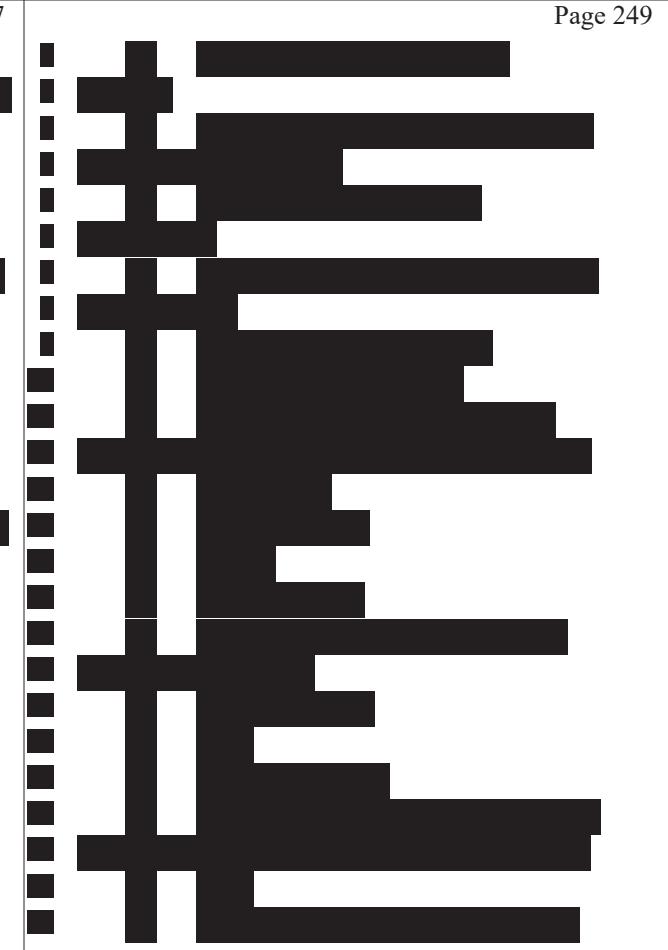
If you'd go to the slide that has the number 13 at the bottom. It says, "Why Walmart? Uniquely positioned to help lower the cost of prescription medications. Hugely successful \$4 prescription program sparked new thinking." And then "Saved Americans \$3.4 billion since 2006."

Mentions that those on Medicare are often hit hard with rising healthcare costs because again, many of the individuals on Medicare are retirees living on fixed incomes

And you have "High drug costs cause many Medicare Part D beneficiaries to take less medication than prescribed or forego basic needs to pay for medicines."

And then there's a reference that no one should have to choose between groceries and buying medications.

1        So it's talking about Walmart	Page 242	Page 244
2        and, in particular, the, quote/unquote,		
3        hugely successful \$4 prescription program.		
4        After lunch, we're going to		
5        start talking about that. Okay?		
6        A.    Okay.		
7        Q.    Do you want to turn your		
8        attention to slide 15 at the bottom.		
9        It says, "The plan provides		
10       other great ways to save." And you can see		
11       there are three columns beyond drug tier.		
12       Do you see that's the drug tier		
13       again. That consists of the formulary list		
14       or tiering system to control pharmaceutical		
15       drug costs. Right? Do you see that?		
16       A.    Yes.		
17       Q.    And it's got preferred		
18       generics, generics, non-preferred generics		
19       and preferred brands and then non-preferred		
20       brands.		
21       And the non-preferred brands		
22       might include specialty pharmaceuticals.		
23       It's also possible that preferred brands and		
24       non-preferred generic. Right?		
25       MR. CARTER: Form.		
26	Page 243	Page 245
1        THE WITNESS: It's possible.		
2        Q.    (BY MR. ECKLUND) Okay. All		
3        right. So let's go through this list.		
4        \$310 annual deductible for all		
5        tiers. And it's got what you pay for a \$30		
6        prescription supply. If you go to a		
7        preferred pharmacy, like Walmart, Sam's Club		
8        or your neighborhood market, table suggests		
9        that for the preferred generic, you'd add a		
10       \$2 co-pay. Do you see that?		
11       A.    Yes.		
12       Q.    And then for the tier 2		
13       generic, you've got a \$5 co-pay.		
14       Do you see that?		
15       A.    Yes.		
16       Q.    And then for the third tier		
17       you've got 20 percent co-insurance.		
18       Do you see that?		
19       A.    Yes.		
20       Q.    What is co-insurance?		
21       A.    I'm not certain I understand		
22       that terminology, what that means.		
23       Q.    Okay.		
24		
25		

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1 request for tea or coffee. 2 A. Okay.  	 

Page 250

[REDACTED]

Page 252

[REDACTED]

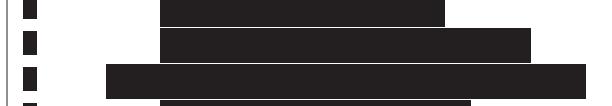
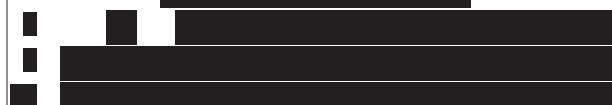
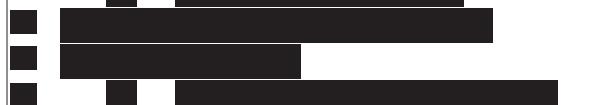
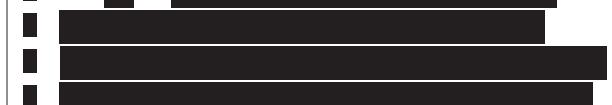
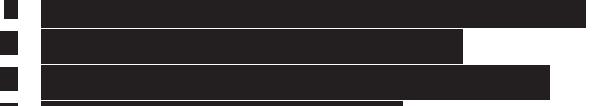
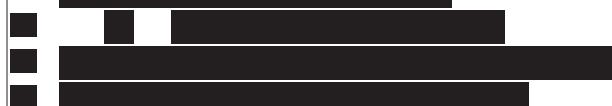
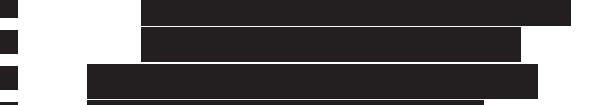
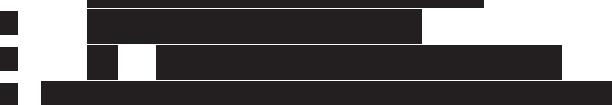
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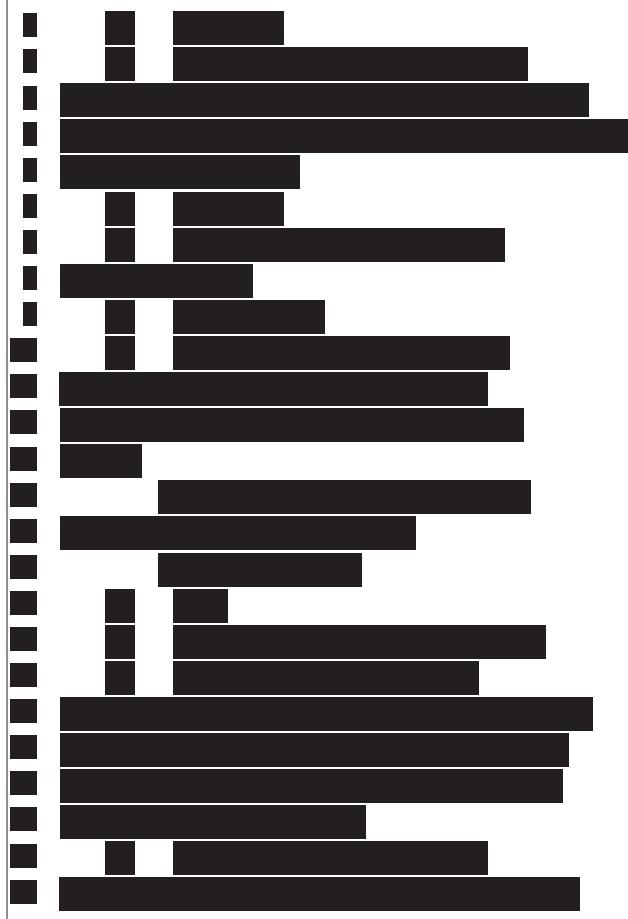
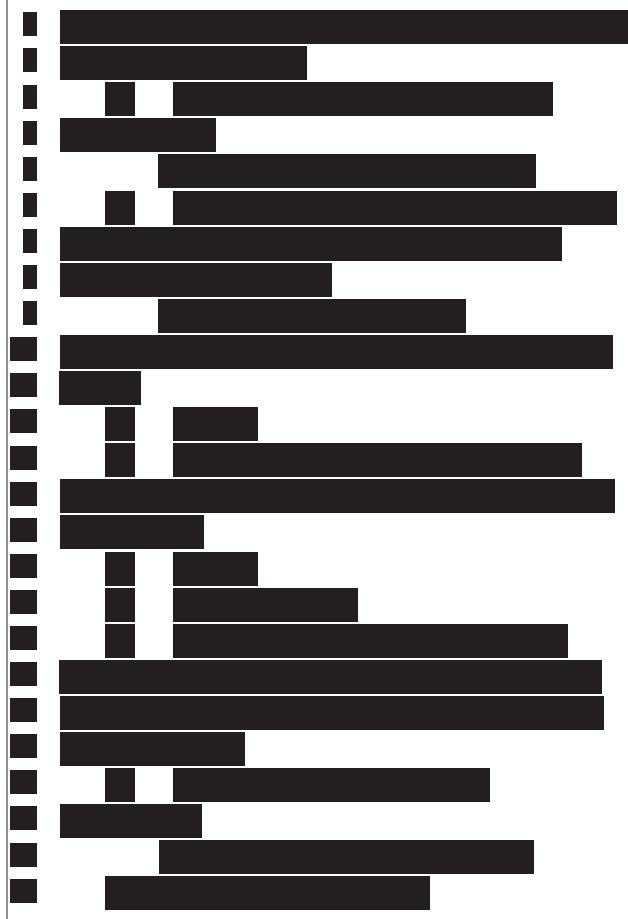
Page 253

[REDACTED]

Page 254	Page 256
[REDACTED]	[REDACTED]

Page 258	Page 260
	
	
	
	
	
	
	
	
Page 259	Page 261
	
	
	
	
	
	
	

Page 262	Page 264
[REDACTED]	[REDACTED]

Page 266	Page 268
	
Page 267	Page 269
	

Page 270

[REDACTED]

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1 MR. ECKLUND: Let's go off the  
2 record.  
3 THE VIDEOGRAPHER: We're going  
4 off the record. The time is 1:48.  
5 (Recess taken, 1:48 p.m. to  
6 1:50 p.m.)

7 THE VIDEOGRAPHER: We are back  
8 on the record at 1:50 p.m.

Page 271

[REDACTED]

Page 273

[REDACTED]





Page 282	Page 284
[REDACTED]	[REDACTED]

Page 286	Page 288
[REDACTED]	<p>18 (Walmart Coleman Deposition 19 Exhibit 16 was marked for 20 identification.) 21 MR. ECKLUND: For the folks 22 following along on the phone, we're 23 looking at a document that was 24 obtained from the archives of the FBI 25 website from the St. Louis office. It</p> <p>1 concerns a press release dated 2 March 2nd, 2010 that was downloaded on 3 December 10th, 2018. 4 Q. (BY MR. ECKLUND) Title of which 5 is "Ethex Corporation, a subsidiary of KV 6 Pharmaceutical, pleads guilty to two felonies 7 and agrees to pay the United States 8 \$27,568,921 for fine, restitution, and 9 forfeiture." 10 Ms. Coleman, I'd like to direct 11 your attention to the paragraph -- second 12 paragraph talking about certain prescription 13 drugs. 14 It says, "According to 15 documents filed with the Court, Ethex and KV 16 were collectively engaged in the development, 17 manufacturing and sale of prescription drugs, 18 including dextroamphetamine sulfate, a drug 19 used to treat attention deficit disorder in 20 children, propafenone, a heart medication. 21 On May 7th and 8th of 2008, KV and Ethex 22 received two complaints reporting the 23 discovery of oversized morphine sulfate 24 tablets. During this timeframe, KV 25 manufactured numerous types of drugs with BB2</p>

1 tablet presses including morphine sulfate,  
2 propafenone HCL -- that's a hydrochloride,  
3 and dextroamphetamine sulfate. These tablet  
4 presses have been used by the company for a  
5 number of years, and by May 2008 these  
6 machines lacked some of the safety and  
7 automation features that more modern tablet  
8 press machines currently have."

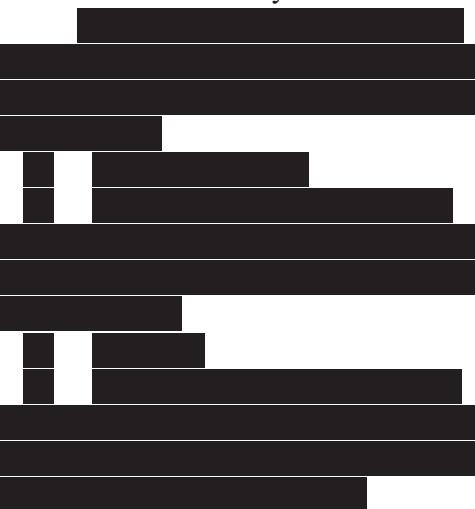
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Page 292

1 tablet presses including morphine sulfate,  
2 propafenone HCL -- that's a hydrochloride,  
3 and dextroamphetamine sulfate. These tablet  
4 presses have been used by the company for a  
5 number of years, and by May 2008 these  
6 machines lacked some of the safety and  
7 automation features that more modern tablet  
8 press machines currently have."



This figure is a 2D grayscale heatmap representing a complex, multi-peaked structure. The structure is composed of several dark, irregular regions separated by lighter, irregular boundaries. The overall shape is roughly triangular, pointing downwards. The highest intensity (darkest) regions are located in the upper and lower right areas. The boundaries between these regions are jagged and non-linear, suggesting a complex underlying process or a highly noisy signal. The background is a uniform light gray.

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Page 293

A horizontal bar chart showing the percentage of respondents who have heard of various terms. The y-axis lists the terms, and the x-axis shows the percentage from 0% to 100% in 10% increments. The bars are black and the chart is on a white background.

Term	Percentage
Healthcare	95
Medical	90
Health	85
Healthcare system	80
Medical system	75
Healthcare reform	70
Medical reform	65
Healthcare insurance	60
Medical insurance	55
Healthcare technology	50
Medical technology	45
Healthcare policy	40
Medical policy	35
Healthcare access	30
Medical access	25
Healthcare equity	20
Medical equity	15
Healthcare disparities	10
Medical disparities	5

A horizontal bar chart showing the percentage of respondents who have heard of various terms. The y-axis lists the terms, and the x-axis shows the percentage from 0% to 100% in 10% increments. The bars are black and are set against a white background with a vertical dashed line on the left.

Term	Percentage
Healthcare	95
Medical	85
Health	80
Healthcare system	75
Medical system	70
Healthcare reform	65
Medical reform	60
Healthcare insurance	55
Medical insurance	50
Healthcare technology	45
Medical technology	40
Healthcare policy	35
Medical policy	30
Healthcare access	25
Medical access	20
Healthcare equity	15
Medical equity	10
Healthcare disparities	10
Medical disparities	5

Page 294

[REDACTED]

Page 296

[REDACTED]

17 (Walmart Coleman Deposition  
18 Exhibit 17 was marked for  
19 identification.)

20 Q. (BY MR. ECKLUND) So,  
21 Ms. Coleman, I've handed you an article. It  
22 was downloaded from healthaffairs.org on  
23 December 10th, 2018. It was initially  
24 published on or about September or October of  
25 2009, as evidenced by the footer on the

Page 295

[REDACTED]

Page 297

1 document which may have been covered by the  
2 sticker that indicates the exhibit.

3 A. It's there.

4 Q. You'll see at the top it  
5 references Dr. Agwunobi, who we talked about  
6 earlier today.

7 A. Correct.

8 Q. Within the document it  
9 describes what the two authors, Mr. -- or  
10 Dr. Agwunobi and -- I'm not sure whether it's  
11 Dr. or Mr. Paul London, perceived to be  
12 "opportunities to remove costs from the  
13 healthcare supply chain, and how to apply  
14 lessons from mass retail."

15 You're free to read the entire  
16 article, if you want. It's not necessary.

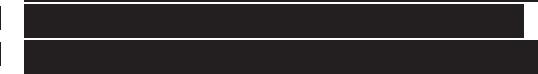
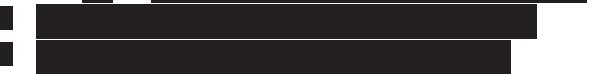
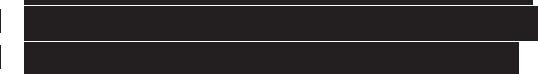
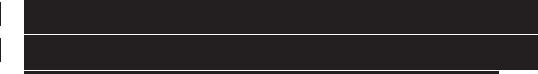
17 I wanted to just talk to you a  
18 little bit about what was described within  
19 the article.

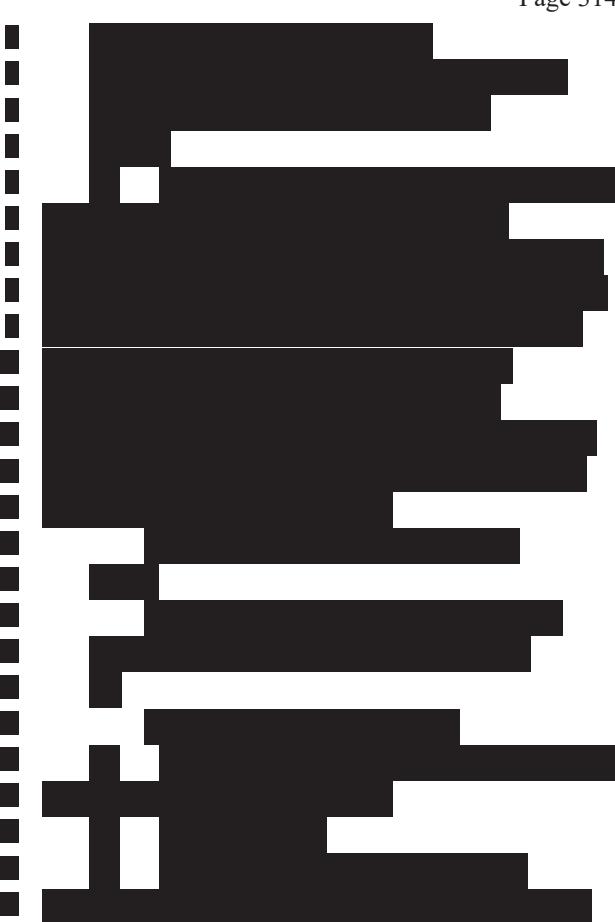
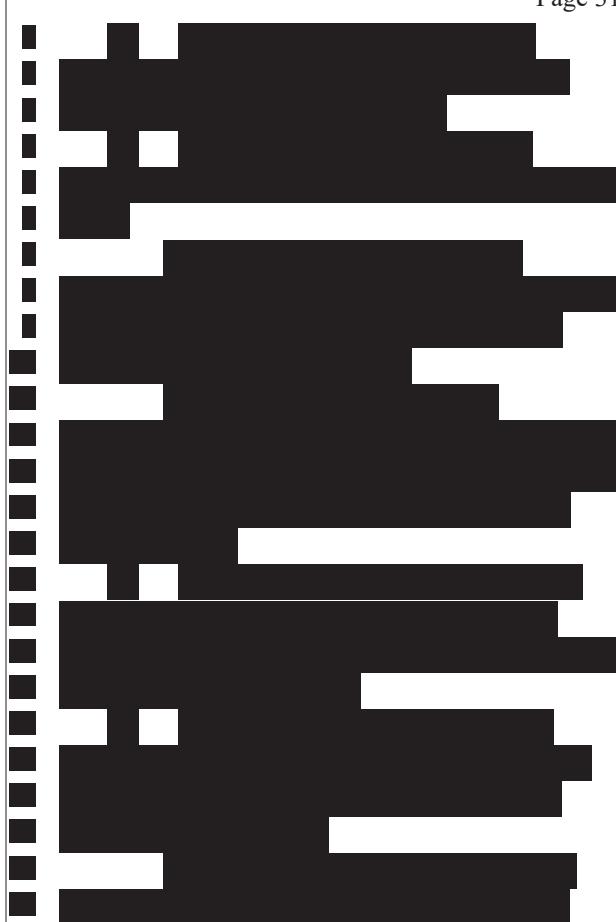
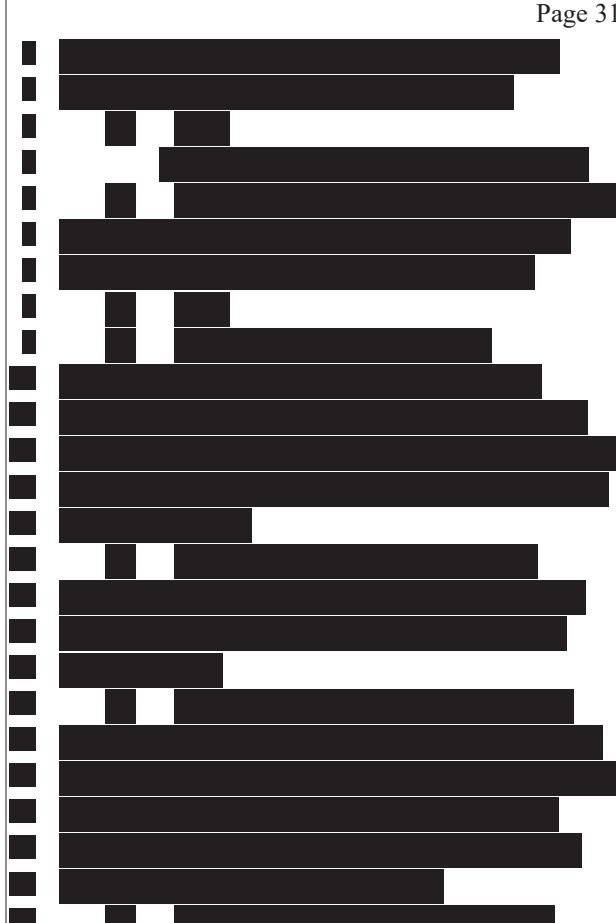
20 Importantly, in the bottom of  
21 the first page they talk about  
22 commoditization of products. The elimination  
23 of middlemen, purchasing in bulk,  
24 volume-based cost discounts, embracing price  
25 competition whenever possible. Mass



Page 302	Page 304
[REDACTED]	[REDACTED]
Page 303	Page 305

<p>20 Q. (BY MR. ECKLUND) Okay. What 21 would make a generic drug unique among other 22 generic drugs?</p> <p>23 A. I mean, personally, I mean, 24 maybe the different diseases that they treat.</p> <p>25 Q. Okay. So if there were two</p>	<p>1 Q. Okay. I want you to imagine 2 that they have similar coatings, okay? One 3 doesn't have a gel cap and the other one 4 doesn't have some kind of buffering. They're 5 equivalent coatings, same dosage size, 6 50 milligrams. Do you as a pharmacist view 7 the generic and Motrin different -- 8 differently?</p> <p>9 A. As a pharmacist?</p> <p>10 Q. Yeah.</p> <p>11 A. It's a generic version of a 12 brand.</p> <p>13 Q. Do you view them as different? 14 Are they interchangeable?</p> <p>15 A. Yes.</p> <p>16 Q. You do?</p> <p>17 A. As a pharmacist I do.</p> <p>18 Q. Okay. Why?</p> <p>19 A. Because they're AB-rated to one 20 another. They're substitutable for one 21 another by law, Motrin to ibuprofen.</p> <p>22 Q. Okay.</p> <p>23 MR. ECKLUND: Okay. Let's take 24 a break.</p> <p>25 THE VIDEOGRAPHER: We are going</p>
<p>1 drugs that were intended to treat the same 2 condition -- they're both generic versions of 3 the same drug -- would you view those as 4 essentially interchangeable or would you view 5 them as in some way unique?</p> <p>6 A. I don't know that I'm 7 following.</p> <p>8 Q. Okay.</p> <p>9 A. I mean, there are substitution 10 rules in what products can be dispensed for 11 what conditions. And I'm not certain what 12 specifically you mean by "substitution."</p> <p>13 Q. Let's use ibuprofen as an 14 example.</p> <p>15 A. Okay.</p> <p>16 Q. So you've got brand-name 17 ibuprofen. You're familiar with that; right?</p> <p>18 A. Motrin?</p> <p>19 Q. Motrin? Okay.</p> <p>20 A. Advil?</p> <p>21 Q. Mm-hmm.</p> <p>22 Q. Other pain relievers are out 23 there. You've also probably seen a store 24 brand of ibuprofen.</p> <p>25 A. Yes.</p>	<p>Page 307</p> <p>1 off the record at 2:32 p.m. 2 (Recess taken, 2:32 p.m. to 3 2:47 p.m.)</p> <p>4 THE VIDEOGRAPHER: We are back 5 on the record at 2:47 p.m.</p> <p>6 MR. ECKLUND: Welcome back, 7 Ms. Coleman.</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

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<p>Page 314</p> 	<p>Page 316</p> 
<p>Page 315</p> 	<p>Page 317</p> 

Page 318

[REDACTED]

Page 320

[REDACTED]

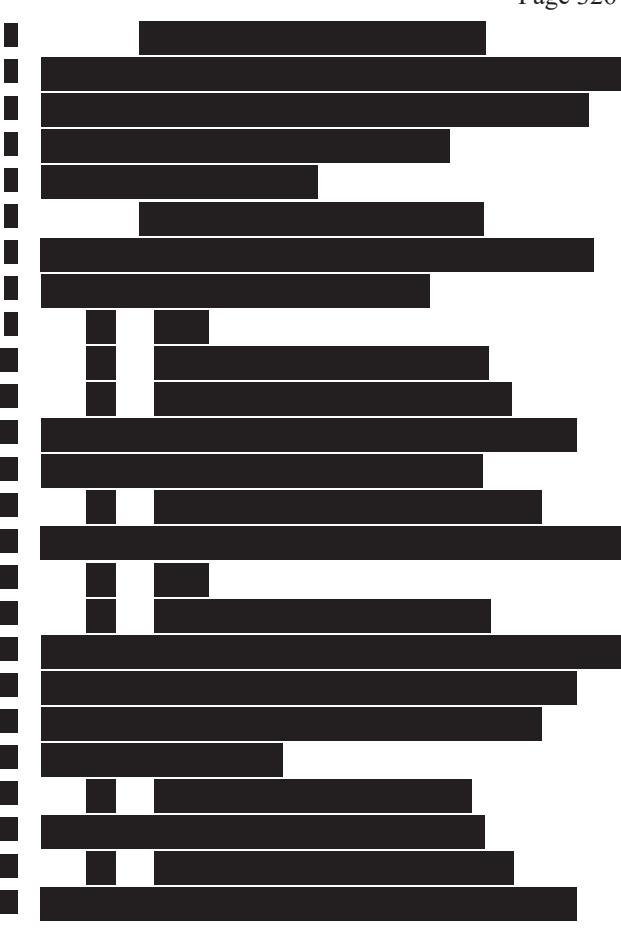
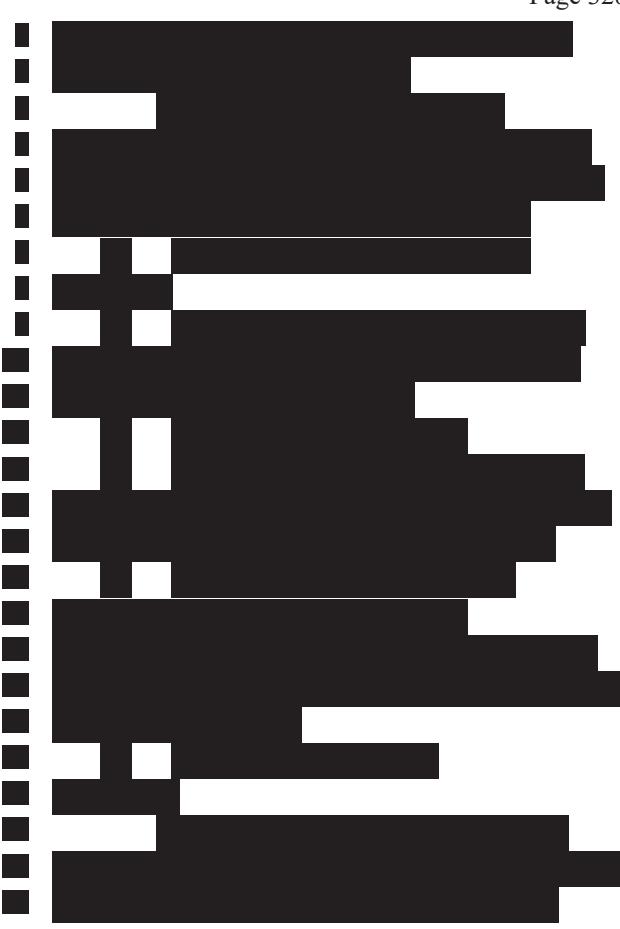
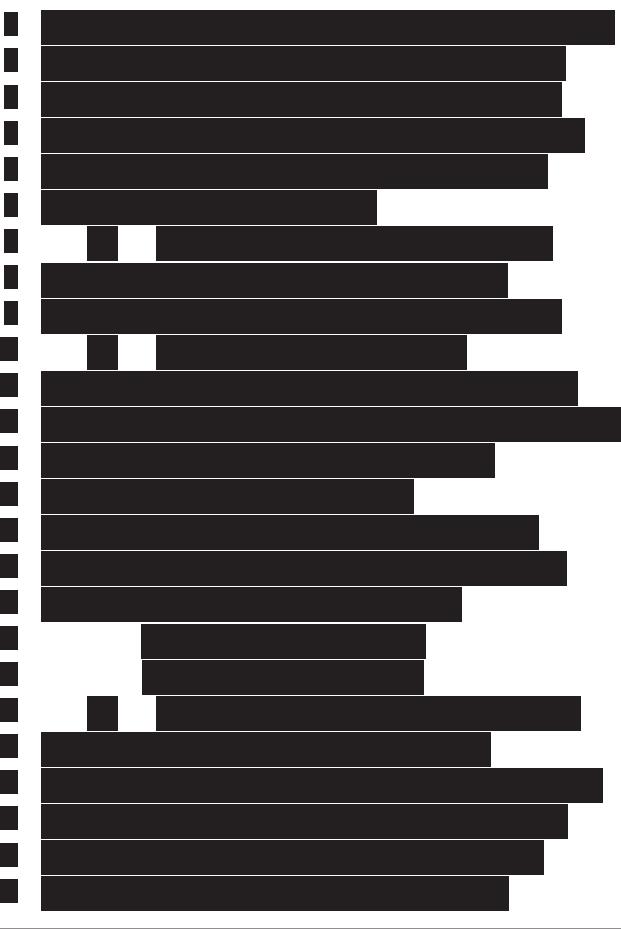
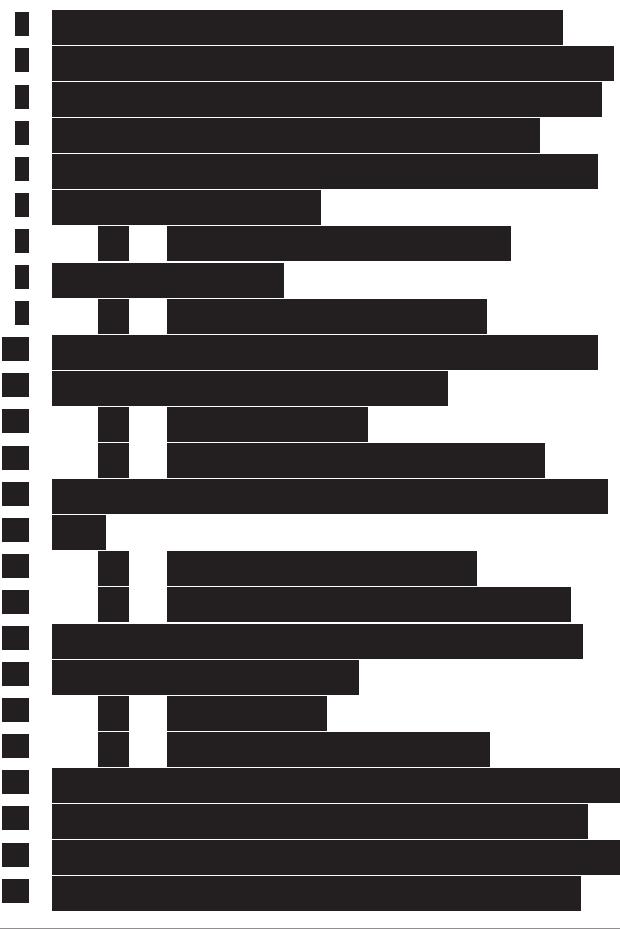
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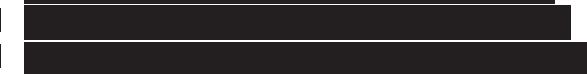
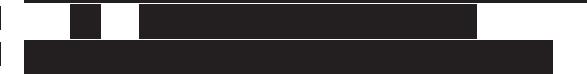
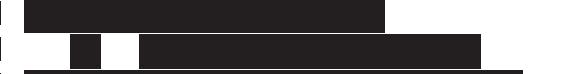
[REDACTED]

Page 321

[REDACTED]

Page 322	Page 324
[REDACTED]	<p>21 MR. CARTER: Hold on one 22 second. 23 Folks that are on the phone, 24 and not on hold for us, we're going to 25 hang up and just redial back in. So</p>
[REDACTED]	<p>1 if you guys can -- if you guys can do 2 the same thing, then we'll get rid of 3 this hold music. 4 THE VIDEOGRAPHER: Going off 5 the record at 3:02 p.m. 6 (Recess taken, 3:02 p.m. to 7 3:04 p.m.) 8 THE VIDEOGRAPHER: We are back 9 on the record at 3:04 p.m. 10 MR. ECKLUND: So, Ms. Coleman, 11 we went off the record briefly to 12 address some hold music. 13 We'll probably hear another 14 "beep beep" as that person rejoins us 15 when they realize they got hung up on.</p>

<p>Page 326</p> 	<p>Page 328</p> 
<p>Page 327</p> 	<p>Page 329</p> 

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Page 331	Page 333
	
	
	
	
	
	
	
	
	
	
	
	

Page 334	Page 336 1 to summarize and explain the basic 2 requirements with prescribing, administering, 3 and dispensing controlled substances under 4 the Controlled Substances Act and DEA 5 regulations." [REDACTED]
Page 335 [REDACTED] 11 So I've put up on the screen a 12 PDF from the Department of Justice DEA, 13 Diversion Control Division. And this is from 14 the resources section on their website, from 15 the publications and manuals portion, in a 16 subfolder manual, in a subfolder pharmacist's 17 manual, Sections I through VIII. 18 Do you see that, Ms. Coleman? 19 A. Yes. 20 Q. And if you need it to be zoomed 21 in upon, I believe our tech-savvy 22 videographer will be able to help you out 23 with that. 24 The "Section I, Introduction," 25 it describes pharmacist's manual. "Intended [REDACTED]	Page 337 1 provisions of the Controlled Substances Act. 2 Do you see that? "Message from 3 the administrator?" 4 "The Drug Enforcement 5 Administration is pleased to provide you with 6 the 2010 edition of the pharmacist's manual 7 to assist you in understanding the provisions 8 of the Controlled Substances Act." 9 Do you see that? 10 A. Yes, I see it. 11 Q. And at that time, in 2010, you 12 were still a pharmacy buyer for Walmart? 13 A. I think -- during the -- yes. 14 Possibly. [REDACTED]

Page 338	Page 340
[REDACTED]	[REDACTED]

1 90 milligrams equivalent a day."

2 I apologize. I have text

3 messages coming across from my wife hounding

4 me to catch my flight.

5 Do you see that?

6 A. I see that.

7 Q. Okay. Good.

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Page 344

1 90 milligrams equivalent a day."

2 I apologize. I have text

3 messages coming across from my wife hounding

4 me to catch my flight.

5 Do you see that?

6 A. I see that.

7 Q. Okay. Good.



Page 343

Page 345

Term	Percentage
Alzheimer's disease	98
Stroke	97
Stroke prevention	95
Stroke risk factors	94
Stroke symptoms	93
Stroke treatment	92
Stroke rehabilitation	91
Stroke prevention in women	89
Stroke prevention in men	88
Stroke prevention in children	87
Stroke prevention in the elderly	86
Stroke prevention in the young	85
Stroke prevention in pregnant women	84
Stroke prevention in athletes	83
Stroke prevention in the elderly	82
Stroke prevention in the young	81
Stroke prevention in pregnant women	80
Stroke prevention in athletes	79
Stroke prevention in children	78
Stroke prevention in the elderly	77
Stroke prevention in the young	76
Stroke prevention in pregnant women	75
Stroke prevention in athletes	74
Stroke prevention in women	73
Stroke prevention in men	72
Stroke prevention in children	71
Stroke prevention in the elderly	70
Stroke prevention in the young	69
Stroke prevention in pregnant women	68
Stroke prevention in athletes	67
Stroke prevention in women	66
Stroke prevention in men	65
Stroke prevention in children	64
Stroke prevention in the elderly	63
Stroke prevention in the young	62
Stroke prevention in pregnant women	61
Stroke prevention in athletes	60
Stroke prevention in women	59
Stroke prevention in men	58
Stroke prevention in children	57
Stroke prevention in the elderly	56
Stroke prevention in the young	55
Stroke prevention in pregnant women	54
Stroke prevention in athletes	53
Stroke prevention in women	52
Stroke prevention in men	51
Stroke prevention in children	50
Stroke prevention in the elderly	49
Stroke prevention in the young	48
Stroke prevention in pregnant women	47
Stroke prevention in athletes	46
Stroke prevention in women	45
Stroke prevention in men	44
Stroke prevention in children	43
Stroke prevention in the elderly	42
Stroke prevention in the young	41
Stroke prevention in pregnant women	40
Stroke prevention in athletes	39
Stroke prevention in women	38
Stroke prevention in men	37
Stroke prevention in children	36
Stroke prevention in the elderly	35
Stroke prevention in the young	34
Stroke prevention in pregnant women	33
Stroke prevention in athletes	32
Stroke prevention in women	31
Stroke prevention in men	30
Stroke prevention in children	29
Stroke prevention in the elderly	28
Stroke prevention in the young	27
Stroke prevention in pregnant women	26
Stroke prevention in athletes	25
Stroke prevention in women	24
Stroke prevention in men	23
Stroke prevention in children	22
Stroke prevention in the elderly	21
Stroke prevention in the young	20
Stroke prevention in pregnant women	19
Stroke prevention in athletes	18
Stroke prevention in women	17
Stroke prevention in men	16
Stroke prevention in children	15
Stroke prevention in the elderly	14
Stroke prevention in the young	13
Stroke prevention in pregnant women	12
Stroke prevention in athletes	11
Stroke prevention in women	10
Stroke prevention in men	9
Stroke prevention in children	8
Stroke prevention in the elderly	7
Stroke prevention in the young	6
Stroke prevention in pregnant women	5
Stroke prevention in athletes	4
Stroke prevention in women	3
Stroke prevention in men	2
Stroke prevention in children	1
Stroke prevention in the elderly	0

A 10x10 grid of black and white squares. A vertical dashed line is positioned on the far left. The grid contains several black rectangles of varying sizes and positions, including a large one at the top, several smaller ones in the middle, and a large one at the bottom. The white spaces between these rectangles form a pattern of smaller squares and rectangles.

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17        Are you familiar with the HDMA?  
18        A. I am not.  
19        Q. Okay. So you're not a member  
20      of the HDMA?  
21        A. I am not.  
22        Q. And you don't attend the HDMA  
23      meetings?  
24        A. I do not.

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[REDACTED]

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5        Q. I've put up on the screen  
6      "Press Release. McKesson and Walmart  
7      announce sourcing agreement for generic  
8      pharmaceuticals."  
9        Issued May 16, 2016.  
10      Are you familiar with this  
11      agreement?  
12        A. I'm not.  
13        Q. Okay.  
14        I should clarify this. This  
15      isn't a document. It's a website.  
16        Were you aware that the FDA  
17      requested removal of Opana Extended Release  
18      for risks related to abuse in June of 2017?  
19        A. I am not.  
20        Q. Okay.  
21        MR. WATTS: Object to the form.  
22        MR. ECKLUND: Let's go off the  
23      record.  
24        THE VIDEOGRAPHER: We are going  
25      off the record at 3:31 p.m.)

1 (Recess taken, 3:32 p.m. to  
2 3:42 p.m.)  
3 THE VIDEOGRAPHER: We are back  
4 on the record at 3:42 p.m.

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A 16x16 pixel grayscale image showing a black and white pattern of horizontal bars and vertical steps. The pattern consists of several horizontal black bars of varying lengths, with white spaces in between. On the left side, there are vertical black steps that transition from one horizontal bar to the next. The right side of the image is mostly black, with a few small white rectangular blocks. The overall pattern is a digital representation of a staircase or a series of steps.

Page 354	Page 355	Page 356
<p>2 Q. So I've put up on the screen --  3 it's an article that I found online.  4 topbusiness.net, and it describes the "drug  5 crisis," using your word, within Arkansas.  6 The title of the article is "Arkansas  7 Prescription Drug Crisis Worsens."</p>		
<p>8 President Trump addresses national opioid  9 epidemic." It's dated August 8, 2017.</p>		
<p>10 I just want to ask you a couple  11 of questions.</p>		
<p>12 Were you aware at the time that  13 this article was published there was a study  14 that showed that Arkansas prescription drug  15 problem was so serious that there were enough  16 pills in the street for each of Arkansas'  17 almost 3 million citizens to have a full  18 bottle?</p>		
<p>19 A. I was not aware.</p>		
<p>20 Q. Were you aware that the CDC had  21 released a report that shows all but nine of  22 Arkansas' 75 counties have had overall opioid  23 prescribing rates higher than the national  24 average?</p>		
<p>25 A. I was not aware of that either.</p>		
	Page 355	Page 357
<p>1 Q. Were you aware that as a state,  2 Arkansas has an opioid prescription rate of  3 114.6 per 100, which is second only to  4 Alabama? In 2016?</p>		
<p>5 A. I'm not aware of that either.</p>		
<p>6 Q. Are you familiar with Greene  7 County?</p>		
<p>8 A. I am not.</p>		
<p>9 Q. Okay. Do you know where Greene  10 County is located in Arkansas?</p>		
<p>11 A. I do not.</p>		
<p>12 Q. Are you familiar with Garland  13 and Sebastian Counties in Arkansas?</p>		
<p>14 A. I am not.</p>		
<p>15 Q. Howard County?</p>		
<p>16 A. No.</p>		
<p>17 Q. Jackson County?</p>		
<p>18 A. I'm not from Arkansas. I just  19 live here. I don't know the specific  20 counties, no, I don't.</p>		
<p>21 Q. Okay. All right.</p>		
<p>22 The article talks about a  23 number of counties within the state of  24 Arkansas which have per capita orders far in  25 excess of the national averages. 177.8 pills</p>		

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7 Q. (BY MR. ECKLUND) The article  
8 follows, "Arkansas Legislative Focus." And  
9 the author wrote, "Some of that sobering data  
10 was brought to the attention of Arkansas  
11 policymakers nearly a month ago when Arkansas  
12 health department director Nate Smith gave a  
13 presentation to the Joint Interim Committee  
14 on Public Health at the state capitol."

15 "According to Smith's report,  
16 'Large amounts of opioids are being sold in  
17 Arkansas, enough for every man, woman, and  
18 child to take 80 pills each over the course  
19 of a year. All together, 235.9 million pills  
20 were sold across Arkansas in 2016,' Smith  
21 said, citing the most up-to-date data from  
22 the CDC."

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4 Q. (BY MR. ECKLUND) In the  
5 article it talks about quarterly data. It  
6 says, "New quarterly data released Tuesday by  
7 the CDC's National Center For Health  
8 Statistics shows that drug overdose deaths  
9 reached an all-time high in the first three  
10 quarters of 2016 of 57,900."

11 And we talked about those  
12 numbers earlier. I think I remember I talked  
13 about 1999, the quadrupling, and I talked  
14 about these numbers this morning.

15 If you'd look at those numbers,  
16 it also talks about the rise.

17 "Earlier this year, the CDC  
18 reported that more than 52,000 people died  
19 from a drug overdose in 2015."

20 So you can see, between 2015,  
21 you have 52,000, 2016, there's 57,900 being  
22 associated with drug overdoses, or --

23 Do you see that? The two  
24 numbers, Ms. Coleman?

25 A. Yes.

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1 Q. And it continues, "Of those,  
2 33,091 involved a prescription or illicit  
3 opioid. 63.1 percent. And since 2000, more  
4 than 300,000 Americans have lost their lives  
5 to an opioid overdose."

24 Q. The article continues, "In  
25 Arkansas 1,067 people died from a drug

Page 362	Page 364
1 overdose between 2013 to 2015, putting 2 Arkansas in the top 20 percent of states that 3 prescribed the most painkillers per capita. 4 "By definition, legal 5 prescriptions for opioid painkillers can be 6 written by doctors to treat moderate to 7 severe pain but can also have serious risks 8 and side effects. Common types are oxycodone 9 or Oxycontin, hydrocodone, Vicodin, morphine 10 and methadone."	1 behavior. Drunk driving is dangerous. You 2 shouldn't drive drunk. Not every person that 3 drives drunk gets injured. Not every person 4 that drives drunk hurts somebody else. Not 5 everyone that drives drunk gets pulled over. 6 Right? It's risky behavior, but it's not 7 always dangerous. 8 Can we agree that opioid 9 painkillers, opioid painkillers have serious 10 risks?
[REDACTED]	11 MR. WATTS: Object to the form. 12 THE WITNESS: They're
[REDACTED]	13 FDA-approved products. And as a 14 pharmacist, I would use professional 15 judgment, follow the law, determine if 16 it's appropriate therapy. That's how 17 I can answer that.
[REDACTED]	18 Q. (BY MR. ECKLUND) Well, an 19 FDA-approved drug can have risks and 20 benefits, though; correct?
[REDACTED]	21 A. Whether it's an opioid or not, 22 there are risks to medications.
[REDACTED]	23 Q. Okay. So can we agree that 24 prescription opioids, while FDA-approved, 25 could also have serious risks?
Page 363	Page 365
[REDACTED]	1 MR. WATTS: Objection to form. 2 THE WITNESS: They could. 3 MR. ECKLUND: Okay.
[REDACTED]	4 Q. (BY MR. ECKLUND) Do you recall 5 when you attended pharmacy school learning 6 about morphine as a drug?
[REDACTED]	7 A. I'm sure I did. I don't 8 remember the specifics.
[REDACTED]	9 Q. Do you recall studying or 10 learning about heroin?
[REDACTED]	11 A. I recall studying and learning 12 about all drugs.
[REDACTED]	13 Q. Okay. So you recall studying 14 all drugs, and that would include morphine, 15 heroin, cold medications, the whole panoply 16 of drugs that are available?
[REDACTED]	17 A. In general, yes.
[REDACTED]	18 Q. Okay. Do you recall learning 19 about prior opioid crises in U.S. history?
[REDACTED]	20 A. I don't recall.
[REDACTED]	21 Q. Those in the early 1900s, those 22 in the 1960s, those that predated the 23 implementation and development of the 24 Controlled Substances Act in the 1970s?
[REDACTED]	25 A. I really don't recall

1 specifics.

2 MR. ECKLUND: I have no  
3 additional questions for you today. I  
4 really do appreciate you taking the  
5 time, and I hope you get home safe.

6 THE WITNESS: Thank you.

7 MR. CARTER: I just have a few  
8 quick questions. We can keep our  
9 seats and I won't make anyone miss a  
10 flight.

11 CROSS EXAMINATION

12 BY MR. CARTER:

13 Q. So we'll start with where we  
14 just left off. You were asked some questions  
15 about an Arkansas online news article.

16 Do you recall that?

17 A. No.

18 Do I recall seeing it? Yes.

19 Q. Okay. And, yes, had you ever  
20 seen that article when it actually came up?

21 A. I did not.

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## 1 REDIRECT EXAMINATION

BY MR. ECKLUND:

3 Q. Just a few to clean up.  
4 The morphine milligram  
5 equivalent calculation, whether on the CDC  
6 charts or found anywhere else, that's a  
7 conversion based upon chemistry; correct?

8      A.    Correct.

9 Q. And that conversion has not  
10 changed based upon publication or the  
11 issuance of the CDC's guidance or any other  
12 publication. It's something that has been  
13 and will remain for all days the same.  
14 Hydrocodone relative to oxymorphone is so  
15 strong. Oxymorphone is so strong relative to  
16 morphine. These are conversions. It's based  
17 on mathematics. Is that fair?

18 A. That's correct.

19 Q. So there's nothing about that  
20 CDC chart that you couldn't have incorporated  
21 in an arithmetic row and column on an Excel  
22 chart?

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18 Q. The article that I showed you  
19 from the internet from Arkansas, I didn't  
20 represent on the record that you had read it.  
21 But I did want to show you numbers specific  
22 to Arkansas.

23 Do you have any reason to  
24 believe that any of the numbers found in that  
25 article are inaccurate and incorrect?

23 MR. CARTER: I have no further  
24 questions. Thank you.  
25 \* \* \*

<p>1                   MR. CARTER: Form. 2                   THE WITNESS: I don't have any 3                   reason. I don't have -- one way or 4                   the other. 5                   Q. (BY MR. ECKLUND) Would it make 6                   you feel more comfortable if I went on to 7                   another website and pulled the original 8                   source materials from the CDC to show you the 9                   same numbers? 10                  A. I don't really understand what 11                  you're asking. 12                  MR. WATTS: Object to the form. 13                  Q. (BY MR. ECKLUND) When the 14                  document referenced this many people losing 15                  their lives in 2016, or that many number in 16                  2015, or this many per capita prescribed 17                  pills for a county within a given year, are 18                  you in any -- for any reason at all concerned 19                  about the numbers as reflected in that 20                  article being inaccurate? Do you need some 21                  assurance that they're accurate? 22                  A. There were references, I 23                  believe, on where that information came from.  [REDACTED]</p>	<p>Page 374</p> <p>1                   CERTIFICATE 2                   STATE OF UTAH ) 3                   ) ss 4                   COUNTY OF SALT LAKE ) 5                   THIS IS TO CERTIFY that the 6                   testimony of JOLYNN COLEMAN, the witness in 7                   the foregoing cause named, was taken before 8                   me, DEBRA A. DIBBLE, a Registered Merit 9                   Reporter and Certified Realtime Reporter and 10                  Notary Public in and for the State of Utah, 11                  residing at Woodland, Utah. 12                  That the said witness was by me, 13                  before examination, duly sworn to testify the 14                  truth, the whole truth, and nothing but the 15                  truth in said cause and the testimony of said 16                  witness was reported by me in Stenotype, and 17                  thereafter caused by me to be transcribed 18                  into typewriting, and that a full, true and 19                  correct transcription of said testimony so 20                  taken and transcribed is set forth in the 21                  foregoing pages numbered from 4 to page 22                  inclusive, and said witness was examined and 23                  said as in the foregoing annexed transcript. 24                  I further certify that I am not of 25                  kin or otherwise associated with any of the                         parties to said cause of action, and that I                         am not interested in the event thereof.                         I further certify review of the transcript                         was requested. 26                  IN WITNESS WHEREOF, I have 27                  hereunto set my hand this 18th day of 28                  December, 2018.  Debra A. Dibble; RDR, CRR, CRC</p> <p>Page 375</p> <p>[REDACTED]</p> <p>17                  MR. ECKLUND: Thank you. No 18                  further questions. 19                  MR. CARTER: We'll read and 20                  sign. 21                  THE VIDEOGRAPHER: We are going 22                  off the record at 4:11 p.m. 23                  (Proceedings recessed at 4:11 24                  p.m.) 25                  --oo0o--</p>
	<p>Page 376</p> <p>1                   INSTRUCTIONS TO WITNESS 2 3                  Please read your deposition over 4                  carefully and make any necessary corrections. 5                  You should state the reason in the 6                  appropriate space on the errata sheet for any 7                  corrections that are made. 8                  After doing so, please sign the 9                  errata sheet and date it. 10                 You are signing same subject to 11                 the changes you have noted on the errata 12                 sheet, which will be attached to your 13                 deposition. 14                 It is imperative that you return 15                 the original errata sheet to the deposing 16                 attorney within thirty (30) days of receipt 17                 of the deposition transcript by you. If you 18                 fail to do so, the deposition transcript may 19                 be deemed to be accurate and may be used in 20                 court.</p>

	Page 378	Page 380
1	ERRATA	LAWYER'S NOTES
2	Page LINE CHANGE	
3	_____	
4	REASON: _____	
5	_____	
6	REASON: _____	
7	_____	
8	REASON: _____	
9	_____	
10	REASON: _____	
11	_____	
12	REASON: _____	
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14	REASON: _____	
15	_____	
16	REASON: _____	
17	_____	
18	REASON: _____	
19	_____	
20	REASON: _____	
21	_____	
22	REASON: _____	
23	_____	
24	REASON: _____	
25		
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1	ACKNOWLEDGMENT OF DEPONENT	
2		
3		
4	I, JOLYNN COLEMAN, do hereby	
5	certify that I have read the foregoing pages	
6	and that the same is a correct transcription	
7	of the answers given by me to the questions	
8	therein propounded, except for the	
9	corrections or changes in form or substance,	
10	if any, noted in the attached	
11	Errata Sheet.	
12		
13	JOLYNN COLEMAN	DATE
14		
15	Subscribed and sworn to before me this	
16	_____ day of _____, 20 _____. 17 My commission expires: _____	
18		
19		
20	Notary Public	
21		
22		
23		
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25		